

<b>Case Number:</b>	CM15-0030941		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62-year-old female, with a reported date of injury of 02/03/2014. The diagnoses include neck sprain/strain, lumbar degenerative disc disease, lumbar radiculopathy, and osteoarthritis of the spinal facet joint. Treatments have included an x-ray of the lumbar spine on 08/01/2014, lumbar epidural steroid injection on 01/19/2015, ice therapy, an MRI of the lumbar spine on 05/20/2014, an MRI of the right shoulder joint on 04/03/2014, and oral medications. The progress report dated 02/06/2015 indicates that the injured worker complained of posterior neck pain, right shoulder pain, and low back pain with bilateral leg pain. Without medications, her pain is 6-9 out of 10, and with medications her pain is rated 3-4 out of 10. The injured worker only took her medications when she really needed them, and did not want any narcotics at that time. The injured worker requested a pain patch and something to help with her neuropathy pain. The physical examination showed tenderness and spasm in the bilateral trapezius and some restricted range of motion; mild to moderate tenderness and spasm across the lumbosacral area and bilateral buttocks; some restriction of lumbar flexion; tenderness about the right shoulder joint; and positive right shoulder crepitus. The treating physician requested Flector patch 1.3% #60. On 02/17/2015, Utilization Review (UR) denied the request for Flector patch 1.3% #60, noting that there was no documentation that the injured worker had been unresponsive to oral forms of non-steroidal anti-inflammatory drugs (NSAIDs). The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Prospective use of Flector patch 1.3% #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** The patient presents with posterior neck pain, right shoulder pain, and low back pain which radiates into the bilateral lower extremities rated 6-9/10 without medications and 3-4/10 with medications. The patient's date of injury is 02/03/14. Patient is status post lumbar ESI at L5-S1 level on 01/19/15. The request is for PROSPECTIVE USE OF FLECTOR PATCH 1.3%. The RFA is dated 02/06/15. Physical examination dated 02/06/15 reveals tenderness and spasm in the bilateral trapezius and reduced range of motion in all planes, especially lateral flexion. Lumbar spine examination reveals moderate tenderness and spasm to the lumbosacral area bilaterally, positive straight leg raise test bilaterally, positive Patrick's test unspecified. Neurological examination of the lower extremities notes decreased sensation to the posterior thighs and calves bilaterally. The patient is currently prescribed Neurontin and Flector patches. Diagnostic imaging included MRI of the right shoulder dated 04/03/14, significant findings include: "Partial articular sided tearing involving the distal posterior fibers of the supraspinatus tendon. Distal infraspinatus tendinosis. Bicipital tendinosis." Progress note dated 02/06/15 discusses lumbar MRI dated 05/20/14, significant findings include: "degenerative disc disease at L3-4, L4-5, L5-S1... significant facet hypertrophy at L3-4, L4-5, and L5-S1..." Per 02/04/15 progress report, patient is advised to return to modified work ASAP. The Flector patch is Diclofenac in a topical patch. MTUS guidelines for topical NSAIDs apply. MTUS, pg 111-113, Topical Analgesics section under Non-steroidal anti-inflammatory agents (NSAIDs) states: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The guideline states short-term use is 4-12 weeks. These are not recommended for neuropathic pain and there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The treater is requesting Flector patches for the management of this patient's intractable neuropathic lower back and neck pain. While there is no documentation that this patient has received Flector patches to date, MTUS guidelines indicate that topical NSAID patches are not recommended for neuropathic pain. While the patient does present with right shoulder pathology, topical NSAIDs are not recommended for this complaint, either. Therefore, this request IS NOT medically necessary.