

<b>Case Number:</b>	CM15-0057696		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	07/07/2000
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 41-year-old female, who sustained an industrial injury on July 7, 2000. She reported pain in her back and legs. The injured worker was diagnosed as having chronic pain syndrome, myofascial pain syndrome-fibromyalgia (FMS), lumbar or thoracic radiculopathy, and post laminectomy lumbar in 2001. Treatment to date has included urine drug screening, Controlled Substance Utilization Review and Evaluation System (CURES) reports, spinal cord stimulator, physical therapy, a heating pad, and medications including short-acting and long-acting pain, topical non-steroidal anti-inflammatory, muscle relaxant, anti-epilepsy, migraine, antidepressant, and anti-anxiety medications. On March 11, 2015, the injured worker complains of back pain that radiates into her hips and groin bilaterally, which is unchanged since surgery. Associated symptoms include pain over the incisions and low back muscle spasms. Her leg pain is completely relieved with her spinal cord stimulator. She complains of migraines of the front and top of the head into the right side of the head and into the neck. Associated symptoms include an aura, photosensitivity, nausea/vomiting, and flushes. She has 25-30 total headache days per month. The physical exam was unremarkable. The treatment plan includes topical non-steroidal anti-inflammatory medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch Qty 180:** Upheld

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

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

**Decision rationale:** Flector patch is a topical non-steroid anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that the patient failed oral NSAID or oral pain medication. The effect of the patient psychiatric condition on the patient pain perception and on the number of pain medications used should be objectively evaluated. Based on the patient's records, the prescription of Flector Patch #180 is not medically necessary.