

<b>Case Number:</b>	CM15-0057870		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	04/28/2009
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/27/2015
<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: 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 44 year old female, who sustained an industrial injury on 4/28/2009. She reported injury to the neck with radiation to right upper extremity with numbness and tingling and right shoulder pain. Diagnoses include Sprain of neck, cervical disc protrusion and mild stenosis, cervical degenerative disc disease, and sprains and strains of shoulder and upper arm. Treatments to date include mediation therapy and home exercise. Currently, she complained of continued neck pain and right upper extremity pain. On 2/11/15, the physical examination documented tenderness to cervical spine, right greater than left, decreased range of motion and decreased sensation to right upper extremity near C6-C7 areas. The right shoulder was tender with slightly decreased range of motion. The plan of care included continuation of medication including Flector Patch 1%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch 1%, Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113; 67.

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

**Decision rationale:** The only recent medical treatment report provided, dated 02/11/15, is handwritten and partially illegible. It states that the patient presents with injury to the neck with radiation to right upper extremity with numbness and tingling and right shoulder pain. The current request is for flector patch 1% QTY 60. The RFA included is dated 02/11/15. The patient is to return to modified work 02/11/15. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." "There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. In this case, the currently requested medication is indicated for peripheral joint arthritis/tendinitis, and no clinical evidence is provided for this condition. Therefore, the request IS NOT medically necessary.