

<b>Case Number:</b>	CM15-0059281		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	02/24/2010
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 51 year old female, who sustained an industrial injury on 2/24/2010. The medical records submitted for this review did not include the details regarding the initial injury and treatment. Diagnoses include left shoulder sprain/strain, lumbosacral sprain/strain, cervical sprain/strain, right carpal tunnel syndrome and right shoulder sprain/strain. Treatments to date include medication therapy, physical therapy, epidural injections. Currently, she complained of chronic pain in lumbar spine with radiation to lower extremities bilaterally rated 7/10 VAS without medications. On 1/30/15, the physical examination documented decreased lumbar range of motion with tenderness and muscle spasm noted. The plan of care included an epidural injection to L4-L5 in addition to continuation of medication therapy including Flector patches as ordered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch #30:** Upheld

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

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

**Decision rationale:** The patient is a 51 year old female with an injury on 02/24/2010. On 01/30/2015 she had low back pain with decreased lumbar range of motion. Flector patch is topical diclofenac (NSAIDS). MTUS, Chronic Pain notes that topical analgesics are largely experimental with few randomized controlled trials to determine safety and efficacy. The clinical trials of topical NSAIDS are inconsistent and most studies are small and of short duration. Topical diclofenac is not recommended for the treatment of spine/back pain.