

<b>Case Number:</b>	CM15-0083958		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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, Hawaii  
 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 53 year old male who sustained an industrial injury on 07/08/2010. Diagnoses include right shoulder pain, cervicalgia, cervical spine stenosis, status post anterior cervical discectomy and fusion done in September of 2014, and right elbow lateral epicondylitis. Treatment to date has included diagnostic studies, medications, and physical therapy. A physician progress note dated 03/23/2015 documents the injured worker has continued pain at the base of her cervical spine going into the shoulder regions. She holds her head in a forward position consistent with stenosis. Surgical scar is well healed. There is palpable tenderness at the T1 region, with frank muscle guarding of both upper trapezius musculature and paraspinous musculature. Range of motion is limited secondary to pain. The treatment plan includes medication refills, follow up visit, and physical therapy. Treatment requested is for Flector patches 1/3% #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patches 1/3% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical NSAIDs Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, Flector patches.

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

**Decision rationale:** The patient presents with pain affecting the cervical spine which radiates into the bilateral shoulder. The current request is for Flector patches 1/3% #30. The treating physician states, "A new prescription will be given for Flector patches 1.3%, #30, to be applied to the affect area on time daily as needed." (21B) The MTUS guidelines states, "Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Neuropathic pain: Not recommended as there is no evidence to support use." MTUS guidelines only recommend topical NSAIDs for osteoarthritis and tendinitis in the knee, elbow, or other peripheral joints. In this case, the treating physician documents that the patient is having upper back and shoulder pain and the patient is not experiencing peripheral osteoarthritis or tendinitis symptoms. The current request is not medically necessary.