

<b>Case Number:</b>	CM14-0146832		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/01/1998
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

### 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 patient is a 58 year old female with an injury date on 12/01/1998. Based on the 08/19/2014 progress report provided by [REDACTED], the patient complains of low back pain. The patient describes her pain as constant, achy, and worsens with activity. The progress reports do not discuss any positive findings. The diagnoses include the following: 1. Lumbar Spine DDD: stable 2. Lumbar Radiculitis: worse 3. Chronic pain syndrome: stable [REDACTED] is requesting for Flector patch 1.3%, #30 (30 day supply), for lumbar pain as an outpatient. The utilization review determination being challenged is dated 08/28/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/20/2014 to 08/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch 1.3%, #30 (30 day supply), for lumbar pain as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM ([http://www.acoempracguides.org/chronic\\_pain;\\_table\\_2,\\_summary\\_of\\_Recommendations,\\_Chronic\\_Pain\\_Disorders](http://www.acoempracguides.org/chronic_pain;_table_2,_summary_of_Recommendations,_Chronic_Pain_Disorders))

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Medications for chronic pain Page(s): 111, 60, 61.

**Decision rationale:** According to the 08/19/2014 report by [REDACTED], this patient presents with low back pain. The provider is requesting for Flector patch 1.3%, #30 (30 day supply), for lumbar pain as an outpatient. Regarding topical NSAIDs MTUS states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." Based upon review of report 08/19/2014, while the patient states that he finds the Flector patches helpful in the past, the provider does not provide any documentation that this topical is working to reduce pain and improve function. MTUS page 60 states, "A record of pain and function with the medication should be recorded." More importantly, the patient does not present with peripheral joint arthritis/tendinitis diagnosis for which topical NSAIDs are indicated. Therefore, this request is not medically necessary.