

<b>Case Number:</b>	CM14-0156796		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	06/11/2008
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 47-year-old female with a date of injury of 06/11/2008. The listed diagnoses per [REDACTED] are Status post multilevel decompression and fusion in 2009, Low back pain with bilateral sciatica, Right L5 severe radiculopathy, Probable left L5-S1 radiculopathy, Probable complex regional pain syndrome, Severe chronic pain syndrome, Constipation, Chronic opioid medication management, Right knee pain, Hypertension. According to progress report 07/18/2014, the patient presents with low back pain extending down both legs, right worse than left. The patient presents for medication management. Her current medications include methadone 5 mg, docusate, Relafen 500 mg, Lyrica 50 mg. Examination revealed the patient walks with mild limp and there is minimal swelling over the right leg, more so than the left. There was tenderness over the lower back with paraspinal muscle tightness on palpation. She has 4/5 strength over the right lower leg. Sensation was decreased over the right and there was a positive straight leg raise. This is a request for Flector 1.3% patch #30. Utilization review denied the request on 09/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLECTOR 1.3% PATCH, QTY. 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical cream;Topical AnalgesicsMedications for chronic p.

**Decision rationale:** This patient presents with low back pain that extends down the bilateral legs. The request is for Flector patch 1.3% #30. The medical file provided for review includes progress reports from 02/24/2013 through 07/18/2014 and provides no discussions regarding this request. The MTUS Guideline has the following regarding topical creams page 111 under to topical pain section, "for nonsteroidal antinflammatory agents, the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are short and small of duration. Topical NSAIDS have been shown at Meta Analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis in particular that of the knee and elbow or other joints that are amenable to topical cream." In this case, the patient presents with knee pain but the treater does not discuss if these patches are effective. MTUS page 60 requires pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, recommendation is for denial.