

<b>Case Number:</b>	CM14-0212359		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	05/16/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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 patient is a 51-year-old male with an injury date of 05/16/11. Based on the 09/03/14 progress report, the patient has low back pain and problems sleeping. His pain ranges from a 2/10 to a 6/10. The 10/28/14 report states that the patient has hypertension and continues to have lumbar spine pain which he rates as a 2-3/10 when sitting to a 5/10 when standing. The 11/26/14 report indicates that the patient rates his pain as a 3-4/10. The patient works full time as a security guard at a casino. No additional positive exam findings are provided. The patient's diagnoses include the following: 1) acute thoracic herniation and myelopathy 2 ) chronic lumbar strain. The utilization review determination being challenged is dated 12/04/14. Treatment reports are provided from 05/14/14- 11/26/14. The reports provided are brief, hand-written, and partially illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch 180mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- pain

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

**Decision rationale:** The patient presents with low back pain and hypertension. The request is for FLECTOR PATCH 180 MG #30. There is no utilization review denial rationale provided. The patient has been using these patches as early as 05/14/14. Regarding topical NSAIDs, MTUS topical analgesics, page 111-113 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). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." On 09/03/14, the patient stated that "flector patch helps." The 11/26/14 report states that "flector patches help pain and inflammation." The patient has low back pain and hypertension. No positive exam findings or imaging studies are provided. This medication is indicated for osteoarthritis/tendinitis that does not appear to be present in this patient. Due to lack of support from MTUS guidelines, the requested Flector Patch IS NOT medically necessary.