

<b>Case Number:</b>	CM15-0172686		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	07/13/2009
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 66 year old female, who sustained an industrial injury on 7-13-2009. Medical records indicate the worker is undergoing treatment for lumbar disc displacement without myelopathy, lumbosacral spondylosis, radicular syndrome of lower limbs and polysubstance abuse. A recent progress report dated 7-21-2015, reported the injured worker complained of low back pain. Pain was rated 7 out of 10 without medications and 3 out of 10 with medications. Physical examination revealed a functional level of activities of daily living with satisfactory sleep and exercise. Treatment to date has included physical therapy and medication management. Medications include OxyContin, Oxycodone, Prilosec, Flector patch, Imitrex, Butalbital and Zofran. Documentation states the CURES report and urine drug screen were consistent with the prescribed medications. The physician is requesting Flector patch ER 1.3%, #60. On 8-12-2015, the Utilization Review noncertified Flector patch ER 1.3%, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch ER 1.3%, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Flector patch.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Flectorpatch.com.

**Decision rationale:** MTUS Guidelines recommend the use of topical NSAID's only for the joints and tendons that are considered superficial and amenable to topical treatment. The Guidelines do not consider that spine amenable to topical NSAIDs. In addition, Flector patches are not recommend for the treatment of any chronic condition. The manufacturer and FDA note that it is recommended only for acute strains/pains and it is not supported for long term use or long term conditions. There are no unusual circumstances to justify an exception to Guideline recommendations. The Flector patch ER 1.3%, #60 is not supported by Guidelines and is not medically necessary.