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| <b>Case Number:</b>   | CM15-0172787 |                              |            |
| <b>Date Assigned:</b> | 09/14/2015   | <b>Date of Injury:</b>       | 03/28/1998 |
| <b>Decision Date:</b> | 10/14/2015   | <b>UR Denial Date:</b>       | 08/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/01/2015 |

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 74 year old male, who sustained an industrial injury on 03-28-1998. He has reported injury to the neck. The diagnoses have included cervical spinal stenosis, status post laminoplasty in June, 2009; cervical disc degeneration; cervical disc displacement without myelopathy; chronic low back pain; and lumbar disc disease. Treatment to date has included medications, diagnostics, chiropractic therapy, acupuncture, TENS (transcutaneous electrical nerve stimulation) unit, massage therapy, physical therapy, home exercise program, functional restoration program, and surgical intervention. Medications have included Norflex ER, Naproxen, Diclofenac, Buprenorphine, Lidocaine Patch, Capsaicin Cream, Pepcid, Orphenadrine, Tramadol, Etodolac, Flector Patch, Colace, and Ibuprofen. A progress note from the treating physician, dated 07-30-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of severe neck pain, muscle spasms, and stiffness; he has difficulty with range of motion; he continues to be in mostly flexion deformity in regards to the neck; he finds that the Diclofenac up to twice a day is very helpful at reducing his pain; he is no longer using the Tramadol; and he finds that the Flector patch is quite effective in combination with oral anti-inflammatory and when he is having severe flare-up of pain, the patch really makes a difference. Objective findings included he has increased muscular tone bilaterally; he is unable to bring his neck into neutral position; he has a flexion type deformity when speaking; lateral tilt and rotation are greater than 75% limited bilaterally; his upper thoracic spine is tender and lumbosacral junction remains tender; he graduated from the functional restoration program in May 2015; he has a long-term deconditioning muscle weakness which did improve

some in the functional restoration program; he has chronic neck pain for over 17 years now; and he continues to use the patch and stool softener. The treatment plan has included the request for Flector 1.3% patch #60 with refills; and Colace 100mg #60 with 2 refills. The original utilization review, dated 08-10-2015, is for a non-certified request for Flector 1.3% patch #60 with refills; and Colace 100mg #60 with 2 refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flector 1.3% patch #60 with refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Flector Patches. MTUS guidelines state the following: Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The patient currently lacks documentation of a diagnosis for osteoarthritis. It also appears that the patient has not tried and failed other first line NSAIDs. According to the clinical documentation provided and current MTUS guidelines; Flector Patches are not medically necessary to the patient at this time.

**Colace 100 mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug consult.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a stool softener. MTUS guidelines state the following: Prophylactic treatment of constipation should be initiated. The clinical documents state that the patient has stopped Tramadol and there is no report of constipation. According to the clinical documentation provided and current MTUS guidelines; Colace is not medically necessary to the patient at this time.