

<b>Case Number:</b>	CM15-0174422		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	07/20/2013
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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 49 year old female, who sustained an industrial injury on 7-20-2013. The injured worker was diagnosed as having lumbar strain with aggravation of degenerative disc disease L5-S1 and minimal right knee strain. Treatment to date was not specified. Currently (7-16-2015), the injured worker complains of constant, dull aching pain in the low back, radiating to the back of the left knee. Pain was rated 2 out of 10, made better by rest, and made worse by activity, including bending and stooping. She noted a flare up in low back complaints approximately 3 months prior and her symptoms "improved somewhat at this point and currently she does not need any physical therapy". Objective findings included lumbar range of motion with flexion 50, extension 15, right sided flexion 20, and left sided flexion 30. Tenderness to palpation was noted to the left sacroiliac joint. Motor strength was intact and sensation was decreased in the left leg to the great toe. Work status was permanent and stationary. Her current medication regimen was not documented. Prior failed medication trials, if any, were not documented. The treatment plan included a home exercise core-strengthening program and Flector patches. The request for authorization (7-22-2015) noted Flector patch 1.3% #30 patches, non-certified by Utilization Review on 7-29-2015.

### 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 patches 1 box: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation [www.flectorpatch.com](http://www.flectorpatch.com).

**Decision rationale:** The MTUS Guidelines are very specific in stating that only FDA/Guideline approved agents and delivery systems are recommended. Guidelines do not support the use of Flector patches for any chronic issue and there are alternative delivery systems that are Guideline supported if a topical NSAID is medically reasonable. In addition, the FDA/Manufacturer's approval is for use in acute strains and sprains only. The patch does not have approval for use with chronic conditions. There are no unusual circumstances to justify an exception to the Guideline recommendations. The Flector patch 1.3 #30 patches 1 box is not medically necessary.