

<b>Case Number:</b>	CM15-0046401		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	01/20/2009
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 51-year-old female who sustained an industrial injury on January 20, 2009. The injured worker was diagnosed with cervical radiculitis, brachial neuritis or radiculitis and right rotator cuff syndrome. A recent cervical spine magnetic resonance imaging (MRI) was performed in February 2014 and right shoulder magnetic resonance imaging (MRI) in August 2014. The injured worker underwent a C7-T1 epidural steroid injection (ESI) in June 2013 and a facet joint injection right C2-3 through C5-6 in March 2014. According to the primary treating physician's progress report on January 30, 2015, the injured worker continues to experience right shoulder pain and neck pain, which radiates down the right lateral side of the right arm to the hand associated with numbness and tingling of the hand. Examination demonstrated tenderness of the cervical facets and the paraspinal musculature. Spurling's test produced neck pain only. Right upper extremity examination noted tenderness with normal range of motion and strength. The injured worker received a right shoulder injection at the office visit. Current medications consist of MsContin, Norco, Aspirin, Lidoderm Patch and the current request for Flector Patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3 % patch one patch 12 hours on 12 hours off #30 prescribed 1-30-15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector patch 1.3% one patch 12 hours on end 12 hours off #30 date of service January 30, 2015 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flector patch is indicated for acute sprains, strains and contusions. In this case, the injured worker's working diagnoses are cervicalgia; brachial neuritis or radiculitis; facet syndrome, other symptoms referable to the back; long term use of other medications; and other specified disorders of rotator cuff syndrome. Documentation from a January 2, 2015 progress note and a January 30, 2015 progress note show the injured worker is using Lidoderm patches, Norco and aspirin. The latter progress note does not contain a clinical indication, clinical rationale or a clinical entry for Flector 1.3% patches. There is no objective functional improvement documented regarding Lidoderm. Additionally, Flector is indicated for acute sprains, strains and contusions. The date of injury is January 31, 2011 and the injured worker is in the chronic phase of the injury. There is no documentation of acute sprains, strains or contusions. Consequently, absent clinical documentation with a clinical indication, rationale or clinical entry in the medical record for Flector 1.3% patch, Flector patch 1.3% one patch 12 hours on end 12 hours off #30 date of service January 30, 2015 is not medically necessary.