

<b>Case Number:</b>	CM15-0068322		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	05/23/2001
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 71 year old female, who sustained an industrial injury on May 23, 2001. She reported low back pain and left hip pain radiating down the left leg. The injured worker was diagnosed as having left hip pain, lumbar post laminectomy syndrome, lumbar radiculopathy, subtrochanteric bursitis, sacroiliac joint dysfunction, severe neural foraminal and central stenosis and hypertension. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, conservative care, medications and activity modifications. Currently, the injured worker complains of chronic low back pain and left hip pain radiating down the left leg. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. She reported a cumulative injury secondary to lifting luggage. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 6, 2015, revealed continued pain as noted. Pain patches were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patches 1.3% #30 with 6 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Diclofenac.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic 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% #30 with 6 refills 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 workers working diagnoses are left hip pain; lumbar post laminectomy syndrome; lumbar radiculopathy; subtrochanteric bursitis; sacroiliac joint dysfunction; severe neural foraminal and central stenosis cervical MRI; and hypertension. The documentation in the medical record consists of multiple progress notes from 2012 in 2013. Medications during that timeframe were tramadol, Elavil and ibuprofen. There is a single progress note from 2015 in the medical record. The progress note is dated February 6, 2015. At that time, the injured worker was on ibuprofen and tramadol. Amitriptyline was discontinued. Flector patch 1.3% started. Flector patch is indicated for acute sprains, strains and contusions. The date of injury is May 23, 2001. There was no documentation in the medical record consisting of acute sprains, strains and contusions. Consequently, absent clinical documentation consisting of acute sprains, strains and contusions, Flector patch 1.3% #30 with 6 refills is not medically necessary.