

<b>Case Number:</b>	CM15-0079936		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	12/13/2007
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Arizona, Texas  
 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 60-year-old female patient who sustained an industrial injury on 12/13/2007. The patient reported slipping and falling with resulting in back and bilateral knee pain. She was seen and treated for contusions and inflammation of knees, and back with rest and medication. In addition, she underwent a course of physical therapy. A follow up visit dated 08/22/2014 reported the patient with subjective complaint of unchanged cervical spine symptoms. Current medications are Flector patch, ER, Topical, Ibuprofen, and start Mobic. The impression noted degenerative disc disease cervical spine. The plan of care involved: follow up with the new orthopedist. A more recent follow up visit dated 03/16/2015 reported subjective complaint of bilateral knee pain. The assessment noted bilateral knee moderate osteoarthritis in the medial compartment. The plan of care involved: a conservative approach of rest, ice application, and anti-inflammatories as needed. The patient also mentioned interest in being seen for her neck and lower back issues. The physician recommended a course of physical therapy treating both the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector DIS 1.3% day supply 15 Qty 30 refills: 3: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113.

**Decision rationale:** According to the MTUS section on chronic pain, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case, the documentation does not support that the patient has tried and failed first line medications. The continued use of topical analgesic medications is not medically necessary.