

<b>Case Number:</b>	CM15-0098431		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	04/06/2011
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 32-year-old male, who sustained an industrial injury on 4/06/2011. He reported "felt his back go out" during repetitive activities bending and stooping. Diagnoses include low back pain, degenerative disc disease, radiculitis, numbness, muscle pain and chronic pain syndrome. He is status post lumbar fusion with instrumentation on 11/10/14. Treatments to date include activity modification, medication management, and physical therapy. Currently, he complained of chronic low back pain. Current medication included Tramadol ER, Flexeril, Flector patches, Gralise and Cymbalta. Pain was rated 6-9/10 VAS without medication and 4-8/10 with medications. On 5/8/15, the physical examination documented diminished sensation in left upper thigh and tenderness over the paraspinal muscles. The plan of care included Flector 1.3% Patches, #90 with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% patches #90 with 3 refills:** 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): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector for over 3 months in combination with opioids and muscle relaxants. There was no indications of reduced need for oral analgesics. There is limited evidence to support long-term use of Flector. The Flector patch is not medically necessary.