

<b>Case Number:</b>	CM15-0099257		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	12/31/2013
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Florida, New York, Pennsylvania  
 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 62-year-old female, who sustained an industrial injury on 12/31/2013. She reported pain to her cervical spine, shoulders, lumbar spine and legs. Diagnoses included cervical spondylosis, lumbar spondylosis and lumbar radiculopathy. Allergies included Erythromycin, which caused stomach pain. Treatment to date has included medications, acupuncture, lumbar epidural steroid injection, MRI and physical therapy. Currently under review is the request for Flector patch 1.3% #60. According to a pain management consultation dated 08/01/2014, the injured worker had no history of peptic ulcer or diarrhea. According to an initial pain medicine consultation dated 02/16/2015, the injured worker complained of cervical spine pain that was rated 6 on a scale of 1-10. She also reported pain to her lumbar spine radiating into her left lower extremity that was rated 2-6 on a scale of 1-10. The injured worker received a prescription of Flector patches. According to a pain medicine re-evaluation dated 04/06/2015, the injured worker complained of pain to her cervical spine. Pain level without medications was 6 and with medication was 1. Lumbar spine pain radiated into both lower extremities and was rated 8 without medication and 2 with medications. Her pain increased with prolonged standing, walking and bending but decreased with pain medication and rest. The injured worker was currently not working. Prescriptions included Tramadol and Flector patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch 1.3% #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 111, 112.

**Decision rationale:** Topical non-steroidals 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. They can have both local effects such as dermatitis and pruritis but more importantly have been shown to have systemic absorption and can have blood levels comparable to oral forms and therefore comparable systemic side effects such as the impact on renal function and cardiovascular risks. The efficacy in clinical trials for the use of topical NSAID's has been inconsistent and most studies are small and of short duration. They 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. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. They are indicated for use in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment but recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The primary areas of concern were the shoulder, cervical and lumbar spine (with radicular complaints). The DOI was listed as 12/31/13. There was no indication of the failure of traditional primary agents such as Acetaminophen and NSAID's and in this case only Tramadol was listed in addition to the Flector. It therefore is a chronic condition and treatment is being carried out on a non-recommended area (shoulder, cervical and lumbar spine) while there is no supporting documentation of failure of primary agents or intolerance of the same. The Non-Cert is medically necessary.