

Case Number:	CM13-0008933		
Date Assigned:	01/10/2014	Date of Injury:	08/30/2007
Decision Date:	04/02/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a [REDACTED] employee who has filed a claim for depression, hand pain, and wrist pain reportedly associated with an industrial injury of August 30, 2007. Thus far, the applicant has been treated with the following: analgesic medications, paraffin wax device, topical agents, antidepressant medications, and extensive periods of time off of work. A handwritten note from October 30, 2013, indicates the applicant's diagnoses as finger amputations, neuropathy, shoulder pain, and depression; 10/10 pain level is also noted. Also, the applicant is asked to perform hot soaks, continue using paraffin bath, and remain off of work, on total temporary disability. Earlier notes from October 10, 2013, September 18, 2013, and September 30, 2013, also stated diagnoses to include finger amputations, neuropathy, shoulder pain, neck pain, myofascial pain syndrome, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL FLECTOR PATCHES 1% #30 WITH REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: Flector is a diclofenac containing topical patch. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, however, diclofenac is only recommended for treatment of small joint arthritis, which lends itself toward topical treatment, such as joints including the hands, wrists, knees, feet, ankles, etc. In this case, the applicant does not seemingly carry a diagnosis of small joint arthritis for which topical Flector patches would be indicated. Therefore, the request is not certified, on independent medical review.