

Case Number:	CM13-0020807		
Date Assigned:	12/11/2013	Date of Injury:	10/07/1983
Decision Date:	01/27/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/06/2013

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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented [REDACTED] employee who has filed a claim for chronic foot pain, wrist tendonitis, carpal tunnel syndrome, elbow epicondylitis, insomnia, and thumb arthritis reportedly associated with cumulative trauma at work between the dates of 1995 and 1996. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; attorney representation; and extensive periods of time off of work. In a utilization review report of August 27, 2013, the claims administrator denied a request for topical Flector patches, stating that the applicant had already been improved from Flector on May 30, 2013. The claims administrator believes that this was a duplicate request. The applicant's attorney later appealed. A later note of November 11, 2013 is notable for comments that the applicant is still having thumb pain. She is still experiencing low back pain as well. She has tenderness about the first CMC joint of the right hand with a positive Finkelstein maneuver noted about the same. The applicant is given a diagnosis of thumb arthritis and asked to remain off of work, on total temporary disability. She is not working. She is about to pursue a total thumb arthroplasty. Flector patches are renewed, in conjunction with Ultracet and Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flector 1.3% patch #60: Upheld

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

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

Decision rationale: In this case, the applicant does carry a diagnosis of small joint arthritis about the thumb, which is, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, an approved indication for usage of topical Flector patches, which notes that topical Voltaren derivatives are indicated in the treatment of small joint arthritis such as about the hands and thumbs. In this case, however, the applicant has used this particular agent chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. The applicant remains off of work, on total temporary disability. There is no evidence that the applicant has derived any improvement in terms of performance of non-work activities of daily living as a result of topical Voltaren (Flector) usage. The fact that the applicant is using numerous other oral agents, including Ultracet, and now considering or contemplating a CMC arthroplasty implies that ongoing usage of Flector patches have not been effective. Therefore, the request remains non-certified, on independent medical review.