

Case Number:	CM13-0022643		
Date Assigned:	11/13/2013	Date of Injury:	11/16/2011
Decision Date:	02/05/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/10/2013

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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 16, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; topical agents; and extensive periods of time off of work. In a Utilization Review Report of September 3, 2013, the claims administrator certified a request of spine surgery evaluation, certified a request for Cymbalta, denied a request for Flector, denied a request for Exalgo, and denied a request for Norco. The applicant's attorney later appealed. Several progress notes in which the attending provider simply quotes guidelines are noted. A September 11, 2013 progress note states that the applicant presents to follow up on her "pain and disability" associated with an industrial injury. A 6/10 low back pain is noted, shooting down the right leg. She has some issues with SI joint pathology and trochanteric bursitis. She reports fatigue with Exalgo, it is stated. In other section of the report, it is stated that the applicant reports improved functional capacity through usage of Exalgo and Norco. This is not clearly detailed, however. The applicant is somewhat overweight with a BMI of 29. She exhibits lumbar tenderness and myofascial pain with decreased sensorium also appreciated about the L5 dermatome. Cymbalta, Exalgo, Flector, and Norco are refilled.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren® Gel 1% (diclofenac) Page(s): 112.

Decision rationale: As noted on Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren or diclofenac is indicated only in the treatment of small joint arthritis, which lends itself towards topical treatment. In this case, Flector is a Voltaren or diclofenac derivative. However, in this case, the applicant reports issues with low back and hip pain. Topical Voltaren has not been evaluated in the treatment of the same, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines suggests. Given the widespread area in which the applicant is having pain, topical Voltaren or Flector does not appear to be an appropriate choice here. Therefore, the request is not certified.