

Case Number:	CM13-0027191		
Date Assigned:	11/22/2013	Date of Injury:	08/08/2006
Decision Date:	02/12/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/20/2013

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 August 8, 2006. 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; adjuvant medications; a 10% whole-person impairment rating; and extensive periods of time off work. The applicant's case and care have been apparently complicated by development of comorbid fibromyalgia. In a utilization review report of September 9, 2013, the claims administrator denied a request for topical Flector patches. The applicant's attorney subsequently appealed. In a January 7, 2013 note, the applicant is described as feeling depressed. She reports 9/10 pain. She is apparently not working pending a spine surgery consultation. She is given refills of Wellbutrin, Celebrex, Flexeril, Colace, Flector, Norco, Lunesta, Prilosec, Phenergan, Savella, and Topamax. It is stated that the applicant has some history of heartburn for which Prilosec has been endorsed. On April 15, 2013, numerous other medications are refilled. The applicant is using a walker for support purposes and again reports 9/10 pain. She receives an H-Wave device and states that this has only resulted in minimal relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch (180mg, Diclofenac), #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel (Diclofenac) Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Flector patch (diclofenac epolamine)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel (Diclofenac) Page(s): 112.

Decision rationale: Flector is a derivative of Voltaren. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren or diclofenac is indicated for topical purposes to relieve arthritis pain in small joints which lend themselves toward topical treatments, such as ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for issues involving the spine. In this case, the applicant is reporting widespread pain about the neck, low back, and midback reportedly associated with fibromyalgia. Voltaren has not been explicitly endorsed in the treatment of the same. It is further noted that, as with the many other medications that the applicant is using, that she has failed to effect any lasting benefit or functional improvement through prior usage of the same. The applicant is not achieving the requisite pain relief needed to continue Flector patches or other medications. She still reports 9/10 despite usage of same. She remains off work. She is in the process of consulting several providers in several specialties, including a spine surgeon. All of the above, taken together, imply a lack of functional improvement as defined by the parameters established in MTUS 9792.20f. Therefore, the request for continued usage of Flector patches is not indicated. Accordingly, the request remains, non-certified on, independent medical review.