

Case Number:	CM13-0046985		
Date Assigned:	12/27/2013	Date of Injury:	09/01/2002
Decision Date:	02/28/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/04/2013

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 neck, shoulder, and thumb pain reportedly associated with cumulative trauma at work first claimed on September 1, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior shoulder surgery; topical patches; and unspecified amounts of acupuncture. In a utilization review report of October 31, 2013, the claims administrator denied a request for Flector patches, citing a lack of attached documentation. Apparently, no clinical progress note was attached to the request for authorization. In a progress note of October 17, 2013, the applicant presented with persistent shoulder pain. The applicant's diagnoses included bilateral thumb arthritis, chronic pain syndrome, neck pain, and shoulder pain status post shoulder surgery. Acupuncture and Flector patches were endorsed. It is stated that the applicant retired on June 27, 2013 on full duty work. Multiple progress notes from the applicant's hand surgery interspersed throughout late 2012, including November 28, 2012 and November 12, 2012, all allude to the applicant having ongoing issues with thumb arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Based on the information on file, this appears to be a first time request for topical Flector patches. Flector is a derivative of Voltaren or diclofenac. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren or diclofenac is indicated for relief of arthritis pain in small joints which lend themselves toward topical treatment, including the ankle, foot, elbow, hand, wrist, and knee. In this case, the applicant does have bilateral osteoarthritis of the carpometacarpal joints of the bilateral thumbs. Topical Flector or Voltaren is indicated in the treatment of the same. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.