

Case Number:	CM13-0053256		
Date Assigned:	12/30/2013	Date of Injury:	03/11/2009
Decision Date:	03/10/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/18/2013

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 mid back pain, chronic low back pain, and myofascial pain syndrome reportedly associated with an industrial injury of March 11, 2009. 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; topical agents; unspecified amounts of manual therapy; psychotropic medications/adjuvant medications; and an apparent return to alternate work in another role. The applicant did not appear to have returned to her original occupation, it is incidentally noted. In a utilization review report of October 16, 2013, the claims administrator denied a request for topical Flector patches. The applicant later appealed, in an undated letter, noting that she had in fact returned to work. The applicant also posited that both her treating provider and qualified medical evaluator (QME) state that usage of medications and massage have facilitated her return to work. In a progress note of September 3, 2013, the applicant presented with heightened low back pain. She was described as a former smoker. Paraspinal tenderness was noted. The applicant was given prescriptions for manual therapy and Flector patches. Pamelor was also issued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Flector TDM 1.3% #60 (30 days supply): 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): 111-113.

Decision rationale: Flector is a derivative of Diclofenac (Voltaren). As noted on page 112 of the MTUS Chronic Pain Guidelines, however, Flector or Voltaren is indicated in the relief of osteoarthritic pain in small joints which lend themselves toward topical treatment, such as the ankle, elbow, feet, hands, knees, and/or wrists. In this case, however, topical Voltaren is not recommended or endorsed in the treatment of the applicant's chronic low back pain by the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary and appropriate.