

Case Number:	CM13-0071185		
Date Assigned:	01/08/2014	Date of Injury:	10/13/2009
Decision Date:	04/24/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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:

In a Utilization Review Report of December 11, 2013, the claims administrator denied a request for topical Flector patches, stating that there was no documentation of a favorable response to previous usage of the same. The applicant's attorney subsequently appealed. In a progress note of October 23, 2013, the applicant states that she is having diffuse aching pain about the wrists with no side effects associated with ongoing usage of Flector patches. The applicant carries diagnoses of wrist tenosynovitis and knee arthritis. Ice, heat, and Flector patches are endorsed. It is stated that the applicant can return to modified duty work as per her permanent stationary report; however, it is not clearly stated whether or not the applicant is in fact working. In a December 4, 2013 progress note, the applicant is described as having ongoing issues with hand, wrist, and knee pain. She states that she is able to do her home exercise and activities of daily living, reportedly achieved as a result of ongoing Motrin and Flector usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXOR PATCH 1.3%, QUANTITY 30: 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 Voltaren Page(s): 112.

Decision rationale: Flector is a version of topical diclofenac (Voltaren). The MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac or topical Voltaren is indicated in the treatment of small joint arthritis which lends itself toward topical treatment. Examples of joints for which Flector is indicated include the hands, knees, wrists, ankles, etc. In this case, the applicant has ongoing issues with knee arthritis and has reportedly responded favorably to prior usage of Flector patches. She is independently doing home exercises; it is stated, that the patient achieved and/or maintained as a result of ongoing Flector usage. The request for Flexor Patch 1.3%, quantity 30 is medically necessary and appropriate.