

Case Number:	CM14-0136115		
Date Assigned:	09/03/2014	Date of Injury:	08/24/2004
Decision Date:	10/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/22/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 24, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and topical agents. In a Utilization Review Report dated August 8, 2014, the claims administrator denied a request for Flector patches and a Flexall pain-relieving gel. The applicant's attorney subsequently appealed. In a progress note dated September 2, 2014, the attending provider apparently appealed the previous medication denials. The applicant reported ongoing complaints of neck and shoulder pain. The attending provider acknowledged that the applicant was using Motrin and Naprosyn but stated that they did produce dyspepsia at times. The attending provider stated that he would switch Flector patches to Zorvolex. The attending provider suggested that Flexall gel was very expensive. On April 22, 2014, the applicant was given prescriptions for Flexall gel and Flector patches. The applicant had ongoing complaints of neck pain and hand pain, it was acknowledged. It was stated that the applicant had last worked in 2008.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector DIS 1.3% # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Flector is a derivative of Diclofenac/Voltaren. However, as noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren/Diclofenac/Flector has not been evaluated for treatment involving the spine. In this case, the applicant's primary pain generator is, in fact, the cervical spine, a body part for which Flector/Diclofenac/Voltaren has not been evaluated. No rationale for selection and/or ongoing usage of Flector in the face of the tepid-to-unfavorable MTUS position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.

Flexall pain relieving gel #113: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates topic. Page(s): 105. Decision based on Non-MTUS Citation Product Description

Decision rationale: Based on the product description, Flexall is an inexpensive topical salicylate drug. As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, topical salicylates such as Flexall are "recommended" in the treatment of chronic pain, as is present here. The attending provider, furthermore, did suggest that ongoing usage of Flexall had proven favorable here. Continuing the same, on balance, is indicated. Therefore, the request of Flexall pain relieving gel #113 is medically necessary.