

Case Number:	CM14-0149906		
Date Assigned:	09/18/2014	Date of Injury:	05/26/2010
Decision Date:	12/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/15/2014

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 Internal 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 injured worker (IW) is a 69-year-old man with a date of injury of May 26, 2010. The mechanism of injury occurred when his truck got stuck in the mud and he tried to remove lettuce with his left hand. The injury sustained was not documented in the medical record. The entire submitted record was reviewed. There was no clinic office visit notes provided. There was no a physical examination documented with objective findings. There were 4 different Functional Restoration Program Integrative Summary Reports in the medical record for review. The IW has been participating in a [REDACTED] that was initiated on July 7, 2014. A [REDACTED] summary dated August 11, 2014 to August 15, 2014 indicated that the IW has done very well thus far during his time in the program. The provider has attempted to give the IW Tramadol, however, it does not appear to have been authorized as of August 15, 2014. The provider would like the IW to use this medication, as it is a small accommodation to his chronic pain and improvement in functionality. According to a letter dated August 18, 2014, the IW is participating in a functional restoration program. The ongoing medication adjustments are being managed and it is highly recommended that the IW continue his medications. Current medications include: Novolog 70/30, Metformin 850mg, Simvastatin 40mg, Glimepiride 4mg, Hydrochlorothiazide 12.5mg, Enalapril 20mg, Duloxetine 30mg, and Ibuprofen 400mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 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 analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Topical analgesics

Decision rationale: Pursuant to the Official Disability Guidelines, Flector patch 1.3% #30 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical Diclofenac (Voltaren gel) is indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment. It is not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker is being treated for lumbar spine and low back pain. The medical records do not indicate the patient is at risk of side effects/adverse effects from oral non-steroidal anti-inflammatory drugs. Topical Diclofenac (Flector patch) has not been evaluated for treatment of the spine. The injured workers symptoms and signs are located in the lumbar spine and lower back region. Additionally, topical analgesics are largely experimental. There is no clinical information in the medical record. There are HELP forms scattered throughout the record. Consequently, Flector patch 1.3% #30 is not medically necessary.