

Case Number:	CM14-0167092		
Date Assigned:	10/14/2014	Date of Injury:	07/30/2003
Decision Date:	11/17/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/10/2014

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, depression, sleep apnea, reflux, and posttraumatic headaches reportedly associated with an industrial injury of July 30, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; long- and short-acting opioids; transfer of care to and from various providers in various specialties; and topical agents. In a Utilization Review Report dated October 1, 2014, the claims administrator denied a request for topical Flector patches. The applicant's attorney subsequently appealed. In a September 4, 2014 progress note, the applicant reported ongoing complaints of neck and low back pain with derivative complaints of neurogenic bladder, quadriplegia, and neurogenic bowel. The applicant was given refills of Klonopin, Flexeril, Prilosec, Nucynta, and Lunesta. Permanent work restrictions imposed by medical-legal evaluator were imposed, although it did not appear that the applicant was working. 8/10 multifocal pain complaints were noted. On July 16, 2014, refills of Lunesta and Nucynta were sought. On June 30, 2014, the applicant was given prescriptions for Dulcolax, Senna, Prilosec, Nucynta, Norco, Klonopin, Lunesta, Topamax, Cymbalta, and Flexeril. The Flector patches at issue were apparently endorsed through a request for authorization (RFA) form dated September 24, 2014, the claims administrator stated.

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 with 3 refills: Upheld

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

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

Decision rationale: Flector is a derivative of topical Diclofenac/Voltaren. However, as noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Flector (Diclofenac) has not been evaluated for treatment involving the spine, hip, and/or shoulder. In this case, the applicant's primary pain generators are, in fact, the cervical and lumbar spine, body parts for which topical Diclofenac/Voltaren/Flector has not been evaluated. No rationale for selection and/or ongoing usage of the same in the face of the tepid-to-unfavorable MTUS position on usage of topical Diclofenac/Voltaren/ Flector was furnished by the attending provider. Indeed, several progress notes, referenced above, contained no explicit discussion of the need for the Flector patches issue at issue. Therefore, the request is not medically necessary.