

Case Number:	CM13-0006291		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2010
Decision Date:	05/05/2015	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/02/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of November 1, 2010. In a Utilization Review report dated July 12, 2013, the claims administrator failed to approve requests for Flector patches and Voltaren gel. A variety of non-MTUS guidelines were invoked in the determination, along with a progress note dated June 20, 2013. The applicant's attorney subsequently appealed. In an RFA form dated July 2, 2013, Flector patches were endorsed. In an associated progress note dated June 20, 2013, the applicant reported ongoing complaints of low back pain, 7/10. The applicant was using both Voltaren gel and Flector patches for her primary complaints of chronic low back pain (LBP). The applicant had alleged pain about the low back and bilateral knees reportedly secondary to cumulative trauma at work. The applicant was severely obese, with a BMI of 46. Menthoderm gel was endorsed on a trial basis. The applicant was asked to employ topical Flector patches and consider a TENS unit. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN 1% GEL # 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: No, the request for topical Voltaren gel was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a body part for which topical Voltaren has not been evaluated. No clear or compelling rationale for selection of this particular article in the face of the tepid-to-unfavorable MTUS position on the same was furnished by the attending provider. It was not clearly stated why topical Voltaren was being prescribed in lieu of first-line oral NSAIDs. Therefore, the request was not medically necessary.

FLECTOR 1.3% #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for Flector patches was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon a prescribing provider to incorporate some discussion of applicant-specific variable such as other medications into his choice of recommendations. Here, however, the attending provider failed to furnish a clear or compelling applicant-specific rationale for concurrent usage of two separate topical NSAIDs, namely topical Voltaren gel and topical Flector patches. Therefore, the request was not medically necessary.