

Case Number:	CM14-0100451		
Date Assigned:	07/30/2014	Date of Injury:	07/17/2013
Decision Date:	02/28/2015	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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, Ohio, 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 17, 2013. In a Utilization Review Report dated June 31, 2014, the claims administrator failed to approve requests for physical therapy and Flector patches. The claims administrator suggested that the applicant was off of work, on total temporary disability. The claims administrator stated that the applicant had had 26 sessions of physical therapy through this point in time and referenced a May 23, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a May 23, 2014 RFA form, Flector patches were endorsed. In an associated progress note dated May 23, 2014, the applicant reported persistent complaints of low back, wrist, and hand pain, 4-6/10. The applicant was reportedly using Ultracet, Voltaren, Prilosec, Lidoderm, Flector patches, and Motrin for pain relief, it was acknowledged. The applicant was using a wrist brace. Weakness was evident. The applicant was off of work, on total temporary disability, it was noted. The applicant was no longer working as a cook. Flector patches and additional physical therapy were endorsed while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X3 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section; Physical Medicine topic Page.

Decision rationale: The applicant has had prior treatment (26 sessions, per the claims administrator), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reported present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was/is off of work, on total temporary disability. The applicant remains dependent on a variety of analgesic and adjuvant medications, including opioid agents such as Ultracet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy already in excess of the MTUS parameters. Therefore, the request for additional physical therapy was not medically necessary.

FLECTOR 1.3% TRANSDERMAL 12 HOUR PATCH, #60 X 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section; Topical NSAIDs section Page(.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical NSAIDs such as Flector, a derivative of topical Voltaren/topical diclofenac, are indicated in the treatment of arthritis and/or tendinitis of small joints which lends itself toward topical application, such as the hand and wrist, the primary pain generator here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further notes than an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, the attending provider did not clearly state or outline while the applicant was using two separate topical diclofenac derivatives, namely Voltaren gel and Flector patches. Furthermore, the applicant has been using these agents for some time, despite the tepid-to-unfavorable MTUS position on the same and has, furthermore failed to demonstrate any lasting benefit or functional improvement through ongoing usage of the same.

The applicant remains off of work, on total temporary disability. Ongoing usage of topical Flector has failed to curtail the applicant's dependence on opioid agents such as Ultracet. Therefore, the request was not medically necessary.