

Case Number:	CM14-0207677		
Date Assigned:	12/19/2014	Date of Injury:	08/27/2010
Decision Date:	02/18/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/11/2014

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] employee who has filed a claim for back pain, neck pain, wrist pain, and shoulder pain reportedly associated with an industrial injury of July 27, 2010. In a Utilization Review Report dated November 18, 2014, the claims administrator failed to approve a request for Flector patches. The claims administrator stated that its determination was based on an RFA form received on November 11, 2014. The applicant's attorney subsequently appealed. In a progress note dated November 20, 2014, it was acknowledged that the applicant was not working in his former occupation as a software engineer. The applicant reported ongoing complaints of neck pain, hand pain, and wrist pain. Voltaren gel was endorsed. The applicant was returned to regular duty work on paper, although it did not appear that the applicant was working. Electrodiagnostic testing of the right upper extremity of November 18, 2014 was interpreted as normal. The applicant was described as having issues with cumulative trauma secondary to an awkward work station. The applicant was not working owing to back pain, shoulder pain, and wrist pain, it was acknowledged. On September 24, 2014, the applicant reported ongoing complaints of neck, wrist, hand, and shoulder pain. The applicant was using Flector patches, tramadol, Motrin, and Voltaren gel, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Topical Diclofenac/Voltaren Functional Restoration Approach to Chronic Pain Management, page 112.

Decision rationale: 1. No, the request for Flector patches was not medically necessary, medically appropriate, or indicated here. Flector is a derivative of topical Diclofenac/topical Voltaren. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Diclofenac/Voltaren has "not been evaluated" for treatment involving the spine, hip, and/or shoulder. Here, some of the applicant's primary pain generators are, in fact, the neck, low back, and right shoulder, i.e., body parts for which topical Flector/Diclofenac/Voltaren has not been evaluated. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of applicant-specific variable such as "other medications" into his choice of pharmacotherapy. Here, the attending provider has not furnished a compelling rationale or compelling basis for provision of two separate diclofenac derivatives, namely Voltaren gel and Flector patches. Therefore, the request is not medically necessary.