MAXIMUS Federal Services

Case Number:	CM14-0088463		
Date Assigned:	07/23/2014	Date of Injury:	05/25/2011
Decision Date:	04/21/2015	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/12/2014

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, 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 50-year-old [redacted] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 25, 2011. In a Utilization Review Report dated June 3, 2011, the claims administrator failed to approve a request for topical Flector patches while apparently approving lidocaine patches, Prilosec, and Norflex. An RFA form received on May 27, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. In a March 19, 2015, RFA form, lidocaine, Flector, Prilosec and Norflex were endorsed. In an associated progress note dated March 11, 2015, the applicant reported ongoing complaints of neck, mid back pain, low back pain, 7 to 8/10. The applicant's sleep was poor, it was acknowledged. The applicant was asked to obtain x-rays of lumbar spine while remaining 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:

Flector 1.3% ADH patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flector patches - Non-steroidal anti-inflammatory drugs -Topical NSAIDs.

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

Decision rationale: No, the request for topical Flector patches was not medically necessary, medically appropriate, or indicated here. Flector is a derivative of topical diclofenac (Voltaren). However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines note that topical diclofenac (Voltaren) has not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generators were, in fact, the cervical spine, lumbar spine, and thoracic spine, i.e., body parts for which topical diclofenac/Voltaren/Flector has not been evaluated. The attending provider has not furnished any compelling applicant-specific rationale, which would support usage of topical Flector in the face of the tepid-to unfavorable MTUS position on the same for the body parts in question. Therefore, the request was not medically necessary.