

Case Number:	CM15-0106938		
Date Assigned:	06/11/2015	Date of Injury:	06/16/2009
Decision Date:	07/16/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/03/2015

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 49-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 16, 2009. In a Utilization Review report dated May 18, 2015, the claims administrator failed to approve a request for Flector patches. The claims administrator referenced a RFA form received on May 11, 2015 in its determination. The applicant's attorney subsequently appealed. On April 17, 2015, the applicant reported ongoing complaints of low back pain, exacerbated by prolonged sitting and/or standing tasks. The applicant was on Tylenol and Motrin, it was stated in the medications section of the note. The applicant's BMI was 21. There was no mention of the need for Flector patches on this date. Physical therapy progress note dated April 10, 2015 likewise suggested that the applicant was working, albeit with restrictions in place. The remainder of the file was surveyed. There were no seeming references to the need for Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy Purchase of Flector Patch 1. 3% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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. Topical Flector is a derivative topical diclofenac/Voltaren. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac/Voltaren has "not been evaluated" in the treatment involving the spine, hip, and/or shoulder. Here, the attending provider failed to furnish a clear or compelling rationale for introduction, selection, and/or ongoing usage of Flector (diclofenac) patches for the lumbar spine, i. e., a body part for which it has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The progress note provided, did not explicitly outline why the Flector patches were being employed. It further appeared that the applicant's ongoing usage of oral pharmaceuticals to include Tylenol and Motrin obviated the need for the Flector patches in question. Therefore, the request was not medically necessary.