

Case Number:	CM15-0136263		
Date Assigned:	07/24/2015	Date of Injury:	10/07/1999
Decision Date:	08/25/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/14/2015

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 63-year-old who has filed a claim for chronic low back and bilateral elbow pain reportedly associated with an industrial injury of October 7, 1999. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve requests for topical Flector patches. The claims administrator referenced an RFA form received on June 10, 2015 in its determination, along with an associated progress note of June 8, 2015. The applicant's attorney subsequently appealed. In a handwritten note dated June 8, 2015, the applicant reported ongoing complaints of mechanical low back pain. Motrin and Flector patches were endorsed. Pain complaints in the 7-8/10 range were noted. The applicant's work status was not clearly detailed. The attending provider suggested that the applicant's medications were beneficial but did not elaborate. In an earlier note dated March 30, 2015, Motrin and Flector patches were again endorsed for a primary diagnosis of mechanical low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3% #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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 of topical diclofenac (Voltaren). However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac (Flector) has not been evaluated for treatment of the spine. Here, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a body part for which topical diclofenac/Voltaren/Flector has not been evaluated. The attending provider failed to furnish a clear or compelling rationale for ongoing usage of Flector patches in the face of the tepid-to-unfavorable MTUS position on the same for the body part in question, the lumbar spine. The applicant's ongoing usage of oral ibuprofen, furthermore, effectively obviated the need for the Flector patches in question, it was further noted. Therefore, the request was not medically necessary.