

Case Number:	CM15-0147907		
Date Assigned:	08/10/2015	Date of Injury:	01/12/1990
Decision Date:	09/14/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/29/2015

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 65-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 12, 1990. In a Utilization Review report dated July 24, 2015, the claims administrator failed to approve a request for topical Flector patches. The claims administrator referenced an RFA form received on July 17, 2015 in its determination. The applicant's attorney subsequently appealed. On June 22, 2015, the applicant reported ongoing complaints of low back pain. The applicant was using Norco, Lyrica, Cymbalta, and metformin, it was reported at that point. The applicant had undergone earlier failed lumbar spine surgery, it was reported, along with lumbar radiofrequency ablation procedure, unspecified amounts of physical therapy, and unspecified amounts of manipulative therapy, the treating provider reported. Topical Flector was endorsed, while Norco, Cymbalta, and Lyrica were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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 Voltaren/Flector/diclofenac had not been evaluated for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a body part for which topical diclofenac/Voltaren/Flector had not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider failed to furnish a clear or compelling rationale for selection of topical Flector patches for a body part for which it has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's ongoing usage of numerous first-line oral pharmaceuticals to include Norco, Cymbalta, Lyrica, etc., furthermore, effectively obviated the need for the Flector patches at issue. Therefore, the request was not medically necessary.