

Case Number:	CM15-0161412		
Date Assigned:	08/27/2015	Date of Injury:	06/12/1995
Decision Date:	10/15/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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 68-year-old who has filed a claim for chronic neck and hand pain reportedly associated with an industrial injury of June 12, 1995. In a Utilization Review report dated August 3, 2015, the claims administrator failed to approve a request for Flector patches. A July 29, 2015 progress note was cited in the determination. The applicant's attorney subsequently appealed. On April 16, 2015, the applicant was asked to continue Tenormin, azathioprine, Flexeril, Lasix, potassium, Pentasa, phentermine, Vytarin, Zantac, tramadol, Mobic, and massage therapy. Botox injections were administered. The applicant received multiple Botox injections over the course of the claim, it was acknowledged. In another section of the note, the attending provider stated that the applicant's neck pain was better with Flector patches. The applicant was not working, the treating provider acknowledged on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Dis 1.3% day supply; 60 qty; 120 refills; 2 Rx date 7/24/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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 indicate that topical diclofenac/Voltaren/Flector has "not been evaluated" in the treatment of the spine, hip, and/or shoulder. Here, the attending provider indicated on April 16, 2015, that the applicant was, in fact, using topical Flector for the cervical spine, i.e., 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, including Mobic, tramadol, Norco, etc., effectively obviate the need for Flector patches in question, it was further noted. Therefore, the request was not medically necessary.