

Case Number:	CM15-0169366		
Date Assigned:	09/10/2015	Date of Injury:	05/14/2007
Decision Date:	10/13/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/27/2015

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 [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 14, 2007. In a Utilization Review report dated July 23, 2015, the claims administrator failed to approve a request for topical Flector patches. The claims administrator referenced an RFA form received on July 20, 2015 and an associated progress note of July 14, 2015 in its determination. The applicant's attorney subsequently appealed. On July 14, 2015, the applicant reported ongoing complaints of low back pain. Ancillary complaints of neck pain were reported. The attending provider contended that the applicant was not a candidate for any kind of spine surgery involving the lumbar spine as of the current time. The applicant had comorbidities including diabetes and smoking, it was reported. Norco and Flector patches were endorsed. The applicant's work status was not detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3% #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Flector patch (Diclofenac epolamine).

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 notes that topical Diclofenac / Voltaren / Flector has "not been evaluated" for treatment involving the spine, hip, and/or shoulder. Here, however, the applicant's primary pain generators were, in fact, the lumbar spine and cervical spine, i.e., body parts for topical Diclofenac / Voltaren / Flector has "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 usage of Flector in the face of the unfavorable MTUS position on the same for the body part(s) in question. The applicant's concomitant usage of first-line pharmaceuticals to include Norco, moreover, effectively obviated the need for the Flector patches at issue. Therefore, the request is not medically necessary.