

Case Number:	CM15-0196079		
Date Assigned:	10/09/2015	Date of Injury:	05/29/2013
Decision Date:	12/04/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/06/2015

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 64-year-old who has filed a claim for chronic neck, shoulder, elbow, and arm pain reportedly associated with an industrial injury of May 29, 2013. In a Utilization Review report dated September 5, 2015, the claims administrator failed to approve a request for Flector patches. An August 31, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On April 14, 2015, the applicant was placed off of work, on total temporary disability. No seeming discussion of medication efficacy transpired on this date. On April 15, 2015, the applicant was again placed off of work, on total temporary disability owing to ongoing complaints of neck pain radiating to the left arm. The applicant was not working, the treating provider reported. Norco and Neurontin were endorsed on this date. On August 31, 2015, the applicant again reported ongoing complaints of neck pain radiating to the left arm. Electrodiagnostic testing of the left upper extremity was sought. The attending provider suggested that the applicant was not working with a rather proscriptive 20-pound lifting limitation in place. Neurontin and the topical Flector patches at issue were seemingly endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3% #30 Boxes: Upheld

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

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 of his spine, hip, and/or shoulder. Here, however, the applicant's primary pain generator was, in fact, the cervical spine, i.e., the body part for which topical diclofenac/Voltaren/Flector has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's primary operating diagnoses, moreover, were cervical radiculopathy and/or ulnar neuropathy, the treating provider reported on the date(s) in question. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that topical NSAIDs such as the Flector patch at issue are "not recommended" in the neuropathic pain context present here in the form of the applicant's cervical radiculopathy and/or ulnar neuropathy. The applicant's concomitant usage of numerous first-line oral pharmaceuticals to include Norco and Neurontin, moreover, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers "largely experimental" topical agents such as Flector patches at issue. Therefore, the request was not medically necessary.