

Case Number:	CM15-0021697		
Date Assigned:	02/12/2015	Date of Injury:	02/24/2003
Decision Date:	03/30/2015	UR Denial Date:	01/04/2015
Priority:	Standard	Application Received:	02/05/2015

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: Indiana

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 injured worker is a 53 year old male, who sustained an industrial injury on 02/24/2003. On provider visit dated 12/16/2014 the injured worker has reported lower back pain. On examination he was noted to have tenderness at C6-C7 and paracervical muscles and trapezius. The diagnoses have included cervical disc degeneration, brachial neuritis or radiculitis not otherwise specified and cervical facet syndrome. Treatment to date has included medication and urine toxicity screening. Treatment plan included refill previous prescribed medication. On 01/04/2015 Utilization Review non-certified Flector 1.3% Patch #120 with 3 refills. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% Patch #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: MTUS Chronic Pain Guidelines state topical diclofenac (Flector patch) is indicated for relief of osteoarthritis pain in joints such as the elbow, hand, knee, and wrist, but is not recommended for neuropathic pain. There is no evidence to support the use of topical NSAIDS for osteoarthritis pain of the spine, hip, or shoulder. The medical documentation does not provide any other reason for using the patch for her shoulder pain, and does not document the functional limitations she has due to her current less than optimal pain control. The request for Flector 1.3% Patch #120 with 3 refills is not medically necessary and appropriate.