

Case Number:	CM15-0029034		
Date Assigned:	02/23/2015	Date of Injury:	04/24/2006
Decision Date:	04/02/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/17/2015

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 54-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of April 24, 2006. In a Utilization Review Report dated January 26, 2015, the claims administrator failed to approve a request for Flector patches. The claims administrator referenced an RFA form received on January 15, 2015 and an associated progress note of January 14, 2015 in the determination. The claims administrator suggested that the applicant's operating diagnosis was that of myofascial pain syndrome but did not summarize the specifics of the applicant's case at any length. The applicant's attorney subsequently appealed. On January 14, 2015, the applicant did report ongoing complaints of left upper extremity pain, myofascial pain syndrome, wrist pain, and hand pain. Norco and topical Flector patches were endorsed. The applicant was reportedly working full-time regular duty work, despite multifocal complaints of myofascial pain syndrome, and hand and wrist tenosynovitis reportedly attributed to cumulative trauma at work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch x 60 with 5 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antiinflammatory agents (NSAIDs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 112 of 127.

Decision rationale: The request for topical Flector patches was medically necessary, medically appropriate, and indicated here. Topical Flector is a derivative of topical diclofenac/topical Voltaren, a topical NSAID. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs are indicated in the treatment of small joint arthritis and/or small joint tendonitis in joints which are amenable to topical application such as the knee, elbow, or other small joints. Here, one of the applicant's primary pain generator is, in fact, hand and wrist tenosynovitis. This is a diagnosis and/or body part which is amenable to topical application. The applicant has demonstrated a favorable response to previous usage of the Flector patches at issue by achieving and/or maintaining successful, full-time regular duty work status. The applicant is reportedly deriving appropriate analgesia from the same, the treating provider has stated. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.