

Case Number:	CM15-0029677		
Date Assigned:	03/19/2015	Date of Injury:	07/26/2002
Decision Date:	04/17/2015	UR Denial Date:	01/12/2015
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 64-year-old Nordstrom, Inc., employee who has filed a claim for chronic low back, mid back, and hip pain reportedly associated with an industrial injury of July 26, 2002. In a utilization review report dated January 12, 2015, the claims administrator failed to approve a request for Flector patches. The claims administrator noted that the applicant had undergone earlier multilevel lumbar fusion surgery in late 2012. The claims administrator referenced a September 10, 2014 prescription in its determination. The claims administrator also stated that the attending provider had failed to attach a DWC-approved RFA form. The applicant's attorney subsequently appealed. On March 10, 2015, the applicant reported persistent complaints of low back pain radiating into the left leg. The applicant's pain complaints were worsening and, at times, unbearable. Epidural steroid injection therapy was proposed. The applicant's medication list was not, however, attached. On February 3, 2015, the applicant, once again, reported persistent complaints of low back pain radiating into the left leg. A gym membership and home exercise program were recommended. Once again, the applicant's medication list was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches (x2 Refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

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 has not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generators were, in fact, the hip and low back, i.e., body parts for which topical diclofenac/Voltaren/Flector has not been evaluated. The attending provider did not, moreover, furnish any compelling applicant-specific rationale or medical evidence, which would offset the unfavorable MTUS position on article at issue for the body parts in question, namely the hip and lumbar spine. Therefore, the request was not medically necessary.