

Case Number:	CM15-0030644		
Date Assigned:	02/24/2015	Date of Injury:	11/10/2012
Decision Date:	04/06/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/18/2015

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, Illinois

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 46 year old female, who sustained an industrial injury on 11/12/2012. The diagnoses have included chronic persistent axial neck pain and chronic lower back pain. Treatments have included physical therapy, chiropractic treatment, and medications. Diagnostics to date have included cervical spine MRI on 08/14/2014 which showed degenerative disc disease and uncovertebral joint hypertrophy at C5-6 with mild spinal stenosis but no significant foraminal narrowing. In a progress note dated 01/08/2015, the injured worker presented with complaints of neck and low back pain. The treating physician reported discussing the option of spinal injections in her neck, but the injured worker stated she is not ready to undergo any injections and therefore prescribed Flector Patch. Utilization Review determination on 02/03/2015 non-certified the request for Flector Patch citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Flector® patch (diclofenac epolamine).

Decision rationale: The injured worker sustained a work related injury on 11/12/2012. The medical records provided indicate the diagnosis of included chronic persistent axial neck pain and chronic lower back pain. Treatments have included physical therapy, chiropractic treatment, and medications. The medical records provided for review do not indicate a medical necessity for. The MTUS does not recommend the use of topical Diclofenac for the treatment of spine, hip or shoulder disorders, though it is recommended for the treatment Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment.