MAXIMUS Federal Services

Case Number:	CM15-0031016		
Date Assigned:	02/24/2015	Date of Injury:	08/02/2011
Decision Date:	04/03/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/19/2015

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 [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 2, 2011. In a Utilization Review Report dated February 6, 2015, the claims administrator failed to approve requests for Flector patches. The applicant's attorney subsequently appealed. In a February18, 2015, progress note, the applicant reported persistent complaints of low back and hip pain. The applicant's medication list included Zestril, Zantac, and Xanax. 5-8/10 pain complaints were noted. The applicant was apparently working as a police officer, it was suggested. Sacroiliac joint injection and Flector patches were endorsed. The applicant was asked to continue permanent work restrictions imposed by a medical-legal evaluator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% adhesive patch #90 x 2 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 Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: No, the request for Flector patches was not medically necessary, medically appropriate, or indicated here. 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 are/were, in fact the lumbar spine and/or hip, i.e., body parts for which topical Voltaren has not been evaluated. Here, the attending provider did not furnish any clear or compelling rationale which would support usage of topical diclofenac/Voltaren/Flector in the face of the tepid-to-unfavorable MTUS position on the same for the body parts at issue, the lumbar spine and hip. Therefore, the request was not medically necessary.