

Case Number:	CM15-0051784		
Date Assigned:	03/25/2015	Date of Injury:	05/19/2005
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/19/2015

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 40-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of March 19, 2005. In a Utilization Review report dated February 20, 2015, the claims administrator failed to approve a request for Flector patches. The claims administrator referenced a December 30, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On November 18, 2014, the applicant reported ongoing complaints of shoulder and low back pain. The applicant was asked to consider a shoulder corticosteroid injection. Flector patches and permanent work restrictions were endorsed. It did not appear that the applicant was working with previously imposed permanent limitations, although this was not explicitly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non-steroidal anti-inflammatory agents (NSAIDs).

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 Voltaren/diclofenac. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Voltaren/topical diclofenac has not been evaluated for treatment of the spine, hip, and/or shoulder. Here, however, the applicant's primary pain generators are/were the spine and shoulder, i.e., body parts for which topical Flector has not been evaluated. The attending provider failed to furnish a clear, compelling, or cogent applicant-specific rationale for selection of this particular article in the face of the tepid-to-unfavorable MTUS position on the same for the body parts in question, the shoulder and low back. Therefore, the request was not medically necessary.