

Case Number:	CM15-0052182		
Date Assigned:	03/25/2015	Date of Injury:	06/18/2009
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
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 73-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 18, 2009. In a Utilization Review report dated March 18, 2015, the claims administrator partially approved requests for Flector patches. The claims administrator referenced an RFA form of March 11, 2015 in its determination. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated September 2, 2014, the applicant was described as off of work, on total temporary disability. The applicant reported ongoing complaints of low back pain radiating into the right leg in the 9/10 range without medications versus 4/10 with medications. The applicant was using Flector patches, Aleve, and Tylenol with Codeine for low back pain, the medical-legal evaluator noted. The applicant was status post earlier lumbar spine surgery, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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 generator was, in fact, the lumbar spine, i.e., a body part for which topical diclofenac/Voltaren/Flector has not evaluated. The applicant's ongoing usage of various first-line oral pharmaceuticals, including naproxen and Tylenol with Codeine, furthermore, effectively obviated the need for the Flector patches in question. Therefore, the request was not medically necessary.