

Case Number:	CM14-0146800		
Date Assigned:	09/12/2014	Date of Injury:	11/04/1977
Decision Date:	10/16/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] who has filed a claim for low back, knee, and shoulder pain reportedly associated with an industrial injury of November 4, 1977. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar fusion surgery; unspecified amounts of chiropractic manipulative therapy; a home traction device; and topical agents. In a Utilization Review Report dated August 25, 2014, the claims administrator denied a request for topical Flector patches. The applicant's attorney subsequently appealed, enclosing a variety of notes interspersed over the course of the claim. In an August 12, 2014 handwritten note, the applicant was apparently given a refill of 40 Flector patches. In an earlier note dated August 13, 2013, the applicant presented with persistent issues with chronic low back pain associated with an earlier lumbar fusion surgery at L5-S1. It was stated that the applicant was not a candidate for further surgical intervention. On May 9, 2012, the applicant received a prescription for chiropractic manipulative therapy and a home traction chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches, #40 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Guidelines Flector patch

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren section. Page(s): 112.

Decision rationale: Flector is a derivative of Diclofenac/Voltaren. However, as noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Diclofenac/Voltaren "has not been evaluated" for issues involving the spine. In this case, the applicant's primary pain generator is, in fact, the lumbar spine, a body part for which Flector/Voltaren/Diclofenac has not been evaluated. The attending provider's sparse, handwritten progress note failed to include any narrative commentary, applicant-specific rationale, or medical evidence which would offset the tepid-to-unfavorable MTUS position on usage of the topical Flector/Diclofenac/Voltaren. Therefore, the request is not medically necessary.