

<b>Case Number:</b>	CM15-0107597		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	03/01/1994
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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 69-year-old who has filed a claim for chronic neck, back, thigh, and arm pain reportedly associated with an industrial injury of March 1, 1994. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve a request for topical Flector patches. The claims administrator referenced a RFA form dated March 3, 2015 in its determination. The applicant's attorney subsequently appealed. On January 15, 2015, the applicant reported ongoing issues with major depressive disorder, generalized anxiety disorder, and sleep disturbance. The applicant was asked to continue Cymbalta, Inderal, BuSpar, Nuvigil, Restoril, and Adderall, it was reported. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working. The bulk of the progress notes provided seemingly pertained to discussion of the applicant's mental health issues. The applicant went on to receive psychological counseling on February 28, 2013. The applicant did receive lumbar MRI imaging on June 3, 2015; it was reported, suggesting that the applicant's low back was in fact the primary pain generator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patches 1.3% #60 x 3 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 the topical Flector patches was not medically necessary, medically appropriate, or indicated here. Topical Flectors are derivatives of topical diclofenac (Voltaren). However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac (AKA Flector) has "not been evaluated" in the treatment of the spine, hip, and shoulder. Here, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a body part for which topical diclofenac (AKA Flector) has not been evaluated. It is further noted that the March 3, 2015 RFA form on which the article in question was proposed was not seemingly incorporated into IMR packet. The historical progress notes on file, including the psychiatry notes, however, failed to make a compelling case for provision of Flector patches in the face of the unfavorable MTUS position on the same for the body part in question, the lumbar spine. Therefore, the request was not medically necessary.