

Case Number:	CM15-0172082		
Date Assigned:	09/14/2015	Date of Injury:	12/12/2001
Decision Date:	10/21/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/01/2015

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] beneficiary who has filed a claim for chronic mid, low back, and hip pain reportedly associated with an industrial injury of December 12, 2001. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for Flector patches. An August 6, 2015 RFA form and an associated August 3, 2015 progress note were referenced in the determination. The applicant's attorney subsequently appealed. On May 11, 2015, the attending provider noted that the applicant was off of work, was receiving Social Security Disability Insurance (SSDI) benefits. 8/10 mid and low back pain complaints were reported. The applicant was on over-the-counter Tylenol for pain relief. Tylenol was refilled. The applicant also had superimposed issues with fibromyalgia and generalized anxiety disorder, it was reported. The applicant was asked to follow up on an as-needed basis. On August 31, 2015, the applicant reported worsening complaints of low back pain radiating into legs. Flector patches and over-the-counter Tylenol were endorsed. 8/10 pain complaints were reported. The attending provider stated that topical Flector was being endorsed on the grounds that the applicant had developed dyspepsia with oral NSAIDs. Manipulation was performed in the clinic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: No, the request for topical Flector, a derivative of topical diclofenac/topical Voltaren, was not medically necessary, medically appropriate, or indicated here. The primary pain generator here was the low back (lumbar spine). However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that diclofenac/Voltaren/Flector has "not been evaluated" for treatment of the spine, i.e., the primary pain generator here. The attending provider failed to furnish a clear or compelling rationale for provision of topical Flector patches for a body part for which they have not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. While page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines stipulate that an attending provider should incorporate some discussion of "side effects" into his choice of recommendations, here, however, the attending provider did not state why Flector patches had been selected for low back pain despite the tepid-to-unfavorable MTUS position on the same for the body part in question. Despite reporting a history of dyspepsia with oral NSAIDs, the attending provider nevertheless failed to furnish evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals and/or other agents which are recommended in the chronic low back pain context present here prior to selection of the Flector patches at issue. Therefore, the request was not medically necessary.