

Case Number:	CM14-0155809		
Date Assigned:	09/25/2014	Date of Injury:	10/22/1998
Decision Date:	11/06/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/23/2014

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] employee who has filed a claim for chronic low back pain, anxiety, and depression reportedly associated with an industrial injury of October 22, 1998. Thus far, the applicant has been treated with analgesic medications; adjuvant medications; psychotropic medications; earlier lumbar laminectomy surgery; unspecified amounts of physical therapy; epidural steroid injection therapy; and unspecified amounts of aquatic therapy. In a Utilization Review Report dated September 17, 2014, the claims administrator approved a request for gabapentin, approved a request for ibuprofen, and denied a request for Flector patches. The applicant's attorney subsequently appealed. In a March 17, 2014 progress note, the applicant presented with ongoing complaints of chronic low back pain, anxiety, depression, and a history of alcohol dependence. 7/10 pain was noted. The applicant was reportedly working part-time; it was stated in one section of the report. A variety of medications were refilled. Aquatic therapy was endorsed. In a later note dated September 10, 2014, the applicant again reported persistent complaints of low back pain radiating into left leg. The applicant was described as working full time without restrictions on this date. Multiple medications were prescribed, including the Flector patches at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Patches of Flector 1.3% with 2 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 Topical Analgesics Page(s): 111-112.

Decision rationale: Flector is a derivative of topical Diclofenac/Voltaren. However, as noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Diclofenac/Voltaren has not been evaluated for treatment involving the spine, hip, and/or shoulder. In this case, the applicant's primary pain generator is, in fact, the lumbar spine, a body part for which topical Flector has not been evaluated. The attending provider failed to furnish any compelling applicant-specific rationale, narrative commentary, or medical evidence which would offset the tepid-to-unfavorable MTUS position on the article at issue. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Motrin, Neurontin, Wellbutrin, etc., effectively obviates the need for the Flector patches at issue. Therefore, the request is not medically necessary.