

**Notice of Independent Medical Review Determination**

Dated: 12/9/2013

[REDACTED]

[REDACTED]

|                           |              |
|---------------------------|--------------|
| Employee:                 | [REDACTED]   |
| Claim Number:             | [REDACTED]   |
| Date of UR Decision:      | 8/2/2013     |
| Date of Injury:           | 3/9/1998     |
| IMR Application Received: | 8/14/2013    |
| MAXIMUS Case Number:      | CM13-0010979 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Flector 1.3% patches #60** is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Flector 1.3% patches #60 is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The patient is a 63-year-old who reported a work-related injury to her cervical spine and right shoulder on 03/09/1998 as a result of a contusion. Subsequently, the patient is status post a left shoulder arthroscopy and left shoulder manipulation under anesthesia as of 2004. The clinical notes document the patient utilizes Ambien, hydrocodone-acetaminophen 10/325 mg, topiramate, cyclobenzaprine, naproxen, Protonix, Flector patch, glucosamine, aspirin, hydrochlorothiazide, and Ventolin inhaler. The clinical note dated 10/04/2013 reports the patient was seen for evaluation under the care of Dr.

██████████ The provider documented the patient presented for treatment with the following diagnoses, pain in joint of the left shoulder, cervical spondylosis without myelopathy, degeneration cervical disc and neck pain. The provider documented upon physical exam of the patient range of motion of the left shoulder was limited in abduction at 150 degrees and forward flexion at 120 degrees. Weakness of the muscles of the left rotator cuff were noted on strength testing. The provider documented the patient reports her pain complaints at are at 7/10 to 9/10 without medication and 2/10 to 4/10 with medication.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for Flector 1.3% patches #60:**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 48, 111 – 113, which is a part of the the MTUS, and the Official Disability Guidelines, Pain, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 48, and 111 – 113, which is part of the MTUS.

Rationale for the Decision:

The current request previously received an adverse determination due to a lack of guideline support for utilization of Flector patch. As California MTUS indicates, “there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip or shoulder.” In addition, California MTUS indicates, “topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety.” A review of the records provided indicates that there was no documentation submitted by the provider in support of the current request. **The request for Flector 1.3% patches #60 is not medically necessary or appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.