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**Notice of Independent Medical Review Determination**

Dated: 8/20/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

7/10/2011

7/9/2013

CM13-0001067

- 1) MAXIMUS Federal Services, Inc. has determined the request for a urine drug screen **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Medrox patches #120 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Fluriflex ointment 180gm **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/9/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/10/2013. 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 a urine drug screen **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Medrox patches QTY: 120.00 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Fluriflex ointment #180 gm Qty: 1.00 **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 Anesthesiology/Pain Management, 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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013

“The Employee is a 35 year-old male. The date of injury was July 10, 2011. The mechanism of injury is not noted. The accepted injury is to the left foot, neck, lower back area, and brain. The current diagnoses are: Cervical strain; Neck pain, Cephalgia; Lumbar strain, Pain-related insomnia; Myofascial syndrome. Treatment has included: Diagnostics and 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 for Independent Medical Review (dated 7/9/13)
- Utilization Review from [REDACTED] (dated 7/2/2013)
- Prescription from [REDACTED] (dated 10/8/12)
- Medical Records from [REDACTED] (dated 2/25/13)
- Medical Records from [REDACTED] (dated 10/15/12-11/6/12)
- Medical Records from [REDACTED] (dated 10/17/12)

- Medical Records from [REDACTED] (dated 7/3/12-11/13/12)
- Medical Records from [REDACTED] (dated 1/11/13)
- Medical Records from [REDACTED] (dated 2/28/13-5/20/13)
- Medical Records from [REDACTED] (dated 12/3/12-1/15/13)
- Medical Records from [REDACTED] (dated 6/14/12-10/2/12)
- Medical Records from [REDACTED] L.Ac., OME (dated 1/8/13)
- Medical Records from [REDACTED] (dated 12/3/12-12/19/12)
- Medical Records from [REDACTED] MD, QME (dated 12/3/12-6/17/13)
- Chronic Pain Medical Treatment Guidelines (2009), Part 2, Pain Interventions and Treatments pages 43; 80-81; 111-113

**1) Regarding the request for a urine drug screen:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Part 2, Pain Interventions and Treatments, pg. 43, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance, and additionally based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Part 2, Pain Interventions and Treatments, pg. 87-88, which is part of the MTUS.

Rationale for the Decision:

The employee sustained injury to the left foot, neck, low back and brain due to a work-related auto accident on 7/10/11. The medical records provided and reviewed indicate treatment has consisted of epidural steroid injections to the neck, chiropractic treatments, and medications. Diagnoses include cervical sprain/strain, neck and low back pain, arthropathy of the left foot, pain-related insomnia, and myofascial syndrome. The request is for a urine drug screen.

The MTUS Chronic Pain guidelines indicate urine drug screens if there is any concern for aberrant behavior/"red flags" regarding opiate use. The medical records provided for review do not document any red flags or behavior for concern. The urine drug screen **is not medically necessary and appropriate.**

**2) Regarding the request for Medrox patches, #120:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Part 2, Pain Interventions and Treatments pg. 80-81, which is part of the Medical Treatment Utilization Schedule (MTUS). The

provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained injury to the left foot, neck, low back and brain due to a work-related auto accident on 7/10/11. The medical records provided and reviewed indicate treatment has consisted of epidural steroid injection to the neck, chiropractic treatments, and medications. Diagnoses include cervical sprain/strain, neck and low back pain, arthropathy of the left foot, pain-related insomnia, and myofascial syndrome. The request is for Medrox patches, #120.

The MTUS Chronic Pain guidelines indicate topical analgesics may be appropriate if there is documentation of neuropathic etiology for pain and/or failure of anticonvulsants/antidepressants or other oral analgesics to control pain. The medical records reviewed do not indicate the criteria for topical analgesics have been met. The request for Medrox patches, #120 is **not medically necessary and appropriate**.

**3) Regarding the request for Fluriflex ointment 180gm :**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Part 2, Pain Interventions and Treatments pages 111-113, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained injury to the left foot, neck, low back and brain due to a work-related auto accident on 7/10/11. The medical records provided and reviewed indicate treatment has consisted of epidural steroid injection to the neck, chiropractic treatments, and medications. Diagnoses include cervical sprain/strain, neck and low back pain, arthropathy of the left foot, pain-related insomnia, and myofascial syndrome. The request is for Fluriflex ointment 180gm.

The MTUS Chronic Pain guidelines indicate topical analgesics may be appropriate if there is documentation of neuropathic etiology for pain and/or failure of anticonvulsants/antidepressants or other oral analgesics to control pain. The medical records reviewed do not indicate the criteria for topical analgesics have been met. The request for Fluriflex ointment, 180gm, is **not medically necessary and 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;

Richard C. Weiss, MD, MPH, MMM, PMP  
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.

State Fund, Sacramento SC  
PO Box 28918  
Fresno, CA 93729-8918

Gregory Smith, MD  
5550 N. Palm Ave., Ste 105  
Fresno, CA 93704