

---

**Notice of Independent Medical Review Determination**

Dated: 9/25/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/3/2013  
Date of Injury: 7/8/1996  
IMR Application Received: 7/18/2013  
MAXIMUS Case Number: CM13-0001854

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for 1 prescription for Flector patch 1.3%, #180 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for 1 prescription for diclofenac cream 1.3%, 200gm **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/22/2013. 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 retrospective request for 1 prescription for Flector patch 1.3%, #180 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for 1 prescription for diclofenac cream 1.3%, 200gm **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 Physical Medicine and Rehabilitation 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 Initial Pain Management Consultation Report dated November 28, 2012.

Ms. [REDACTED] was seen and evaluated today for work injury pain stemming from cumulative trauma between July 8, 1995, to July 8, 1996.

She complains of severe low back pain radiating to the left leg.

The pain is sharp, radiating and burning, and she has undergone physical therapy and is currently taking oral pain medications.

Past surgical history includes hammer toe surgery in 2011, and left thumb surgery in 2012.

An MRI of the lumbar spine dated July 12, 2011, revealed multilevel degenerative disc disease with disc protrusion and neuroforaminal and spinal stenosis and facet arthritis.

### DIAGNOSIS:

1. Low back pain.
2. Lumbar degenerative disc disease.
3. Lumbosacral radiculopathy.
4. Lumbar spondylosis.

## **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
- Utilization Review from Claims Administrator
- Medical records from Claims Administrator and Applicant's Attorney
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for retrospective request for 1 prescription for Flector patch 1.3%, #180:**

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

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics Section, pages 111-112, which is part of the California Medical Treatment Utilization Schedule (MTUS).

#### Rationale for the Decision:

The employee was injured on 7/8/1996 and is being treated for a variety of medical problems involving the elbows, wrists, hands, feet, and low back. On 5/31/2013, the provider noted consideration for right thumb basal joint arthroplasty, lumbar epidural steroid injections, and a home e-stim unit. A request dated 7/9/13 noted Zanaflex, Flector patch, Senna, Medrox ointment, Prilosec, Tramadol ER, Promethazine, and Restoril. A retrospective request was submitted for 1 prescription for Flector patch 1.3%, #180.

The MTUS Chronic Pain Guidelines indicate that the Flector patch may be appropriate in the treatment of chronic elbow, wrist and hand pain. A medical report dated 3/12/2013 indicated the employee was prescribed Flector patches #60. The employee does have elbow, wrist and hand problems for which the Flector patch #60 is medically appropriate. However, there is inadequate documentation supporting the medical necessity of Flector patches #180. Flector patches #180 are not supported in the clinical notes. The retrospective request for 1 prescription for Flector patch 1.3%, #180 is not medically necessary and appropriate.

### **2) Regarding the request for retrospective request for 1 prescription for diclofenac cream 1.3%, 200gm:**

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

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics Section,

pages 111-112, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 7/8/1996 and is being treated for a variety of medical problems involving the elbows, wrists, hands, feet, and low back. On 5/31/2013, the provider noted consideration for right thumb basal joint arthroplasty, lumbar epidural steroid injections, and a home e-stim unit. A request dated 7/9/13 noted Zanaflex, Flector patch, Senna, Medrox ointment, Prilosec, Tramadol ER, Promethazine, and Restoril. A retrospective request was submitted for 1 prescription for diclofenac cream 1.3%, 200gm.

The MTUS Chronic Pain Guidelines indicate that diclofenac cream (Voltaren) 1% is used for relief of osteoarthritis pain in joints that lend themselves to topical treatment (examples include the ankle, elbow, foot, hand, knee, and wrist). The medication has not been evaluated for treatment of the spine, hip or shoulder and the maximum dose should not exceed 32g per day (8g per joint per day in the upper extremity and 16g per joint per day in the lower extremity). The first report noting diclofenac (Voltaren) ointment was dated 4/17/2013. It was also noted on that date that the employee was using Flector patches, but the outcome was not documented. Given the lack of records documenting a clinical indication for the requested medication, diclofenac is not medically necessary. The retrospective request for 1 prescription for diclofenac cream 1.3%, 200gm 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

/sab

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.