

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 10/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	1/12/2012
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003680

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for Flector 1-300 #30 for a 15 day supply **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for Methocarbamol 750 each #20 for a 10 day supply **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. 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 Flector 1-300 #30 for a 15 day supply **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for Methocarbamol 750 each #20 for a 10 day supply **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 Family Practice, 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 utilization review determination did not contain a clinical summary.

### 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 (received 7/26/2013)
- Utilization Review Determination from [REDACTED] (dated 7/22/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

### 1) Regarding the retrospective request for Flector 1-300 #30 for a 15 day supply:

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

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. The Claims Administrator also cited the Official Disability Guidelines (ODG), which is a medical treatment guideline that is not part of the MTUS, but did not cite a specific section. The Claims Administrator further cited the manufacturer's

indication for Flector Patch (www.flectorpatch.com), which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), page 111, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 1/12/2012. The current diagnoses are cervical sprain with right sided radiculitis, right shoulder derangement, DeQuervain's of wrist, disc disease of C and L spine, and chronic pain for greater than 1 year. Treatment has included Toradol, Intramuscular Xylocaine injections, Etodolac, E-stim, Omeprazole, exercise therapy, H-Wave stimulation, Flector patches, and chiropractic sessions. The retrospective request is for Flector 1-300 #30 for a 15 day supply.

The MTUS Chronic Pain guidelines state that topical non-steroidal anti-inflammatory drugs (NSAIDs) are superior to placebo for the first 2 weeks of treatment. There is little support for topical NSAID for osteoarthritis of the back. Topical NSAIDs can have similar absorption and systemic effects as oral NSAIDS. Flector patch is diclofenac (an NSAID) used topically for minor pain and strains. Per medical records submitted and reviewed, there is no documentation of minor strain. The employee has also been on the medication for greater than 2 weeks. There is no scale showing particular improvement with using Flector. The employee is also on systemic NSAID (Toradol/Etodolac). In addition long-term use of Flector can lead to systemic complications including peptic ulcers. The retrospective request for Flector 1-300 #30 for a 15 day supply **is not medically necessary and appropriate.**

**2) Regarding the retrospective request for Methocarbamol 750 each #20 for a 10 day supply:**

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

The Claims Administrator did not cite a guideline in its utilization review determination letter. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pg. 63, which is a part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 1/12/2012. The current diagnoses are cervical sprain with right sided radiculitis, right shoulder derangement, DeQuervain's of wrist, disc disease of C and L spine, and chronic pain for greater than 1 year. Treatment has included Toradol, Intramuscular Xylocaine injections, Etodolac, E-stim, Omeprazole, exercise therapy, H-Wave stimulation, Flector patches, and chiropractic sessions. The retrospective request is for Methocarbamol 750 each #20 for a 10 day supply.

The MTUS Chronic Pain guidelines state that muscle relaxants can be used as a second line option for acute exacerbations of low back pain. It continues to state that Methocarbamol is amongst the drugs with the least support from the medical

literature. Typical dosing is 750 mg 4 times a day. Per medical records submitted and reviewed documentation is not clear about using muscle relaxants while H-wave therapy and electrical stimulation are showing response. There is also no documentation of therapeutic response. The guideline criteria has not been met. The retrospective request for Methocarbamol 750 each #20 for a 10 day supply **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.