

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 10/24/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/17/2013
Date of Injury: 1/20/2005
IMR Application Received: 7/30/2013
MAXIMUS Case Number: CM13-0005373

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 patch 1.3% #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 Family 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 IW is a 65 year old woman who was injured on 1/20/2005. Her diagnosis was sciatica from a herniated disc at L4-5. This was confirmed on a L/S MRI which showed a 1 cm L4-5 disc protrusion. She had a lumbar epidural injection for radicular pain in November 2007. Subsequent MRI imaging of her lumbosacral region has show multilevel disc degeneration and disc protrusions. She did not experience relief for oral Lodine. She has not had physical therapy. The IW has been treated with the Flector patch since 1/22/13 (or earlier).

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 patch 1.3% #60 :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the The Chronic Pain Guidelines, Topical NSAIDs, which is part of the MTUS. The Expert Reviewer based his/her decision on The Chronic Pain Medical Treatment Guidelines, Topical analgesics, pg. 111-112 which is part of the MTUS.

Rationale for the Decision:

Flector 1.3% is a topical medicated patch containing the NSAID diclofenac that is indicated for the treatment of acute musculoskeletal pain only. Diclofenac, like other NSAIDS, is “indicated for the initial therapy for patients with mild to moderate pain.” The MTUS guideline cited below explicitly states that the role of topical NSAIDS in treating injuries and the resulting pain rests *in the acute phase only* and is limited for “relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist).” The guideline specifically states that topical diclofenac is not indicated for treatment of the spine, hip or shoulder. The request for Flector patch 1.3% #60 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, 18th 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.