

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	6/17/2008
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005610

- 1) MAXIMUS Federal Services, Inc. has determined the request for **flurb/cyclo for the low back** is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/16/2013. 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 **flurb/cyclo for the low back** 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.

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

This 59 year old male sustained an injury on 6/17/2008 while employed as a machine operator. He was lifting a heavy object that weighed approximately 100 pounds. As he bent down, lifted, and twisted his torso to place the object on the table, he felt pain in his cervical spine, right and left shoulders, both wrists/hands, and the lumbosacral spine. The pain was strongest in the low back region.

He had a lumbar spinal fusion and on 10/10/12 had a lumbar revision decompression and fusion, removal of hardware, decompression and interbody fusion with allograft and autograft. Following the surgery, he continued to have consistent pain in the left shoulder, neck and low back pain. He had completed physical therapy on his low back. Progress note on 10/25/12 documented his wound was well healed. The range of motion was limited. He requires analgesics. Renewal of Norco and Omeprazole for pain.

Progress note from Orthopaedic surgery on 11/2/12 documented that the right leg had improved significantly. He had incisional back pain. He was compliant with his exercise program. A lumbar brace was dispensed for alleviation of his symptoms. The physical exam revealed lumbar spine incision had healed. Neurological exam was documented as 4 out of 5 on the right extensor hallicus longus, otherwise rest was of the motor strength of the lower extremities was normal. The sensory exam was decreased to light touch on the dorsum of the foot. The vascular exam was normal. The recommendations included home exercises. He was to be seen four weeks at which time physical therapy would begin. He also required a bending x-ray of the lumbar spine.

Progress note from Orthopaedic surgery on 12/7/12 documented that the arm pain, back pain, and leg pain were improving. He was ambulating quite well. He was decreasing his narcotics. At this point, this male was doing well with his low back pain. The physical exam noted that the lumbar spine incision had healed. He could bend forward to 90 degrees, extend past neutral to 20 degrees, and lateral flex to 30 degrees. Neurological exam was documented as 4 out of 5 on the left extensor hallicus longus, otherwise rest was of the motor strength of the lower extremities was normal. The

sensory exam was decreased to light touch on the dorsum of the foot. The recommendations included physical therapy for twelve weeks. This is a retrospective review for flurb/cyclo for low back pain for dates of service 11/2/12.

**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 flurb/cyclo for the low back :**

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 California MTUS Guidelines.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, section 9792.20-9792.26, pages 111-113, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records provided for review indicate that other treatment modalities had not been attempted. **The request for the flurb/cyclo 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,

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.