

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
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**Notice of Independent Medical Review Determination**

Dated: 11/7/2013

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED] [REDACTED]  
[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/5/2013  
Date of Injury: 5/26/2011  
IMR Application Received: 7/24/2013  
MAXIMUS Case Number: CM13-0002948

- 1) MAXIMUS Federal Services, Inc. has determined the request for Flurbiprofen compounded #60, with 12 refills **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/20/2013. 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 Flurbiprofen compounded #60, with 12 refills **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 Podiatry 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 5, 2013.

According to the records made available for review, this is a 43-year-old female patient, s/p injury 5/26/11. No medical reports from the treating physician identifying the patient's current clinical condition (including subjective/objective findings, diagnosis, treatment to date, etc.) and

addressing the medical necessity of the requested Flurbiprofen compound have been made available for review. Treatment requested is Flurbiprofen compound #60 with 12 refills.

### 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 07/24/2013)
- Utilization Review Determination from [REDACTED] (dated 07/05/2013)
- Employee medical records from Employee Representative (dated 07/30/2013)
- Medical Treatment Utilization Schedule (MTUS)

### 1) Regarding the request for Flurbiprofen compound # 60 with 12 refills:

#### 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 Chronic Pain Medical Treatment Guidelines, no section cited, pages 111-113, which is part of the MTUS.

The Expert Reviewer based his decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113, which is part of the MTUS

Rationale for the Decision:

The employee sustained an industrial related injury to the foot on 5/26/11. Review of medical records documents that the employee's treatments have included TENS, physical therapy, myofascial release, infrared light therapy, lumbar sympathetic blocks, heat and cold applications and medications. A request was submitted for Flurbiprofen compounded #60 with 12 refills.

The employee is being prescribed a topical medication containing flurbiprofen, cyclobenzaprine, gabapentin, lidocaine, and prilocaine for the treatment of generalized foot pain most probably caused by her CRPS. The Chronic Pain guidelines state that topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Guidelines also state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." A review of the submitted medical records do not document that the employee has neuropathic pain, or has had any trials of antidepressants/anticonvulsants, and whether or not they were effective. **The request for Flurbiprofen compounded #60 with 12 refills 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.