

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	1/6/2011
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006041

- 1) MAXIMUS Federal Services, Inc. has determined the request for **240gr-Capsaicin 0.025%/Fluribiprofen 30%/Methyl Salicylate 4%, 240gr-Flurboprofen 20%/Tramadol 20%** for right ankle is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. 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 **240gr-Capsaicin 0.025%/Fluribiprofen 30%/Methyl Salicylate 4%, 240gr-Flurboprofen 20%/Tramadol 20% for right ankle 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 Internal Medicine, Pulmonary Diseases 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 patient is a 63-year-old male who reported an injury on 01/06/2011. The injury was described as a cumulative trauma injury. The current diagnosis is ankle sprain. The patient was most recently seen by Dr. [REDACTED] on 07/15/2013. Objective findings included decreased and painful range of motion of the right ankle with tenderness to palpation. The treatment plan included continuation of home exercises and continuation of current medication.

### 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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

**1) Regarding the request for 240gr-Capsaicin 0.025%/Fluribiprofen 30%/Methyl Salicylate 4%, 240gr-Flurboprofen 20%/Tramadol 20% for right ankle:**

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, which is part of MTUS.

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

Rationale for the Decision:

MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. NSAIDS are indicated for short-term use of osteoarthritis and tendinitis. They are recommended for 4 to 12 weeks. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications include osteoarthritis, fibromyalgia, and chronic non-specific back pain. According to the medical records submitted for review, there is no evidence of a diagnosis of osteoarthritis or tendinitis. There is also no documentation of a failure to respond to first-line treatment with oral anti-convulsants or anti-depressants prior to the initiation of a topical analgesic. **The request for 240gr-Capsaicin 0.025%/Fluribiprofen 30% Methyl Salicylate 4%, 240gr- Fluribiprofen 20%/Tramadol 20% for right ankle 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.