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## Independent Medical Review Final Determination Letter

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Dated: 12/30/2013

<b>IMR Case Number:</b>	CM13-0006197	<b>Date of Injury:</b>	10/6/2009
<b>Claims Number:</b>	██████████	<b>UR Denial Date:</b>	7/9/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	8/1/2013
<b>Employee Name:</b>	██████████		
<b>Provider Name:</b>	██████████		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>	Flurbiprofen Topical Ointment 30gm		

DEAR ██████████

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, ██████████

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

54 y/o female injured worker sustained an injury and has been diagnosed with injured wrists. UR performed on 7/30/13 evaluated clinical documentation, the most recent of which was dated 6/24/13. The most recent medical record available for my review is a note dated 6/24/13. Previous diagnoses include chronic fatigue syndrome, de Quervain's tenosynovitis. Medication treatment has included tramadol, Ativan, naproxen, and gabapentin. Diagnostic ultrasound of the elbow region reviewed from 11/12 demonstrated inflammation. Injured worker has been treated with aquatherapy in the past, as well as ESW treatment to elbow.

The issue at dispute is whether the Flurbiprofen Topical Ointment 30gm is medically necessary and appropriate.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1. Flurbiprofen Topical Ointment 30 gm is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), NSAIDs, page 112, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Flurbiprofen is a topical NSAID. May 4 2012 another topical NSAID (diclofenac) was prescribed. There is no documentation discussing its efficacy or why it was discontinued. Per MTUS p112 topical NSAIDs are "recommended for a short term course of treatment no greater

than 12 weeks” even for lateral epicondylitis. Given that topical NSAIDs have been prescribed for more than 12 weeks, and there is no documentation discussing efficacy available for review, the treatment is not medically necessary.

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.

[REDACTED]  
[REDACTED]  
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