

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

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Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	10/1/2010
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006918

- 1) MAXIMUS Federal Services, Inc. has determined the request for Theraflex Ultra 180gm 20%/10%/8% **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/3/2013. 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 Theraflex Ultra 180gm 20%/10%/8% **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 Physical Medicine and Rehabilitation 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 56-year-old female that reported an injury on 10/01/2010. The mechanism of injury was not provided. The case notes state the patient complains of pain to the cervical and lumbar spine despite medications. The case notes report physical findings of tenderness to the cervical spine, lumbar spine, and paravertebral musculature. The patient's diagnoses are reported to be cervical spine sprain/strain, thoracic spine strain/sprain, and lumbar spine strain/sprain.

### **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 provided by the claims administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for Theraflex Ultra 180gm 20%/10%/8%:**

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, Topical Analgesics, pg. 111-113, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines- Topical Analgesics, pg. 16-20, 28, 41-42, 49, 105, 11-113, which is a part of the MTUS.

Rationale for the Decision:

California MTUS Guidelines state that any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended.

Theraflex contains flurbiprofen which is an NSAID. California Guidelines only recommend the use of NSAIDS in topical agents for short-term use of 4 to 12 weeks

The medical records provided do not report the length of time the employee has been prescribed this medication nor the duration of time expected.

Additionally, Theraflex also contains cyclobenzaprine. California Guidelines state the addition of cyclobenzaprine to other agents is not recommended. California Guidelines do not recommend muscle relaxants as a topical analgesic. Lastly,

Theraflex contains menthol. A new warning from the FDA reports that menthol may in rare instances cause serious burns. As this medication contains multiple ingredients that are not recommended by the guidelines, the use of Theraflex

would not be supported. **The request for Theraflex Ultra 180 grams 20%/10%/8% 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.