

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



---

**Notice of Independent Medical Review Determination**

Dated: **12/11/2013**

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/9/2013  
Date of Injury: 9/15/2010  
IMR Application Received: 8/21/2013  
MAXIMUS Case Number: CM13-0014533

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Flurbiprofen 25% is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/21/2013 disputing the Utilization Review Denial dated 8/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/3/2013. 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 **Flurbiprofen 25%** 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:**

The patient is a 32-year-old female who reported an injury on 09/15/2010 with an unknown mechanism of injury. Left elbow examination revealed some tenderness in the origins of the extensors and it was noted the patient had some decreased ability to flex and extend of the wrist because of the discomfort. Pronation and supination were noted to be within normal limits. The patient's grip strength [REDACTED] was noted to be 26 kg. The diagnostic impressions were noted to improve chronic lateral epicondylitis and ulnar tunnel syndrome of the left side at the cubital tunnel. The patient was noted to be status post surgical intervention in 04/2013 with residual symptoms. The treatment plan was noted to include flurbiprofen 25% for the left elbow.

### **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:
  - X Claims Administrator
  - Employee/Employee Representative
  - Provider

**1) Regarding the request for Flurbiprofen 25%:**

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 CA MTUS, Topical Analgesics, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 110, which is part of the MTUS.

Rationale for the Decision:

California MTUS recommends topical analgesics; however it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. California MTUS indicates Flurbiprofen is a non-steroidal anti-inflammatory for use in patient who have osteoarthritis of the knee and elbow and are for short term use. The examination dated 08/08/2013 revealed the employee was using topical creams which were noted to be particularly beneficial at night. The physical examination revealed tenderness at the epicondyle with irritation and swelling of the ulnar tunnel down to the ulnar nerve distribution distally. The examination on 09/05/2013 revealed the employee presented having symptoms of reflux and the NSAIDs were discontinued due to stomach irritation. The clinical documentation submitted for review failed to indicate the employee had osteoarthritis, failed to provide exceptional factors to warrant its use, and failed to provide the duration of the previous treatment as it is recommended to be for short-term use. **The request for flurbiprofen 25% 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

/sb

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.