

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: **12/11/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	2/28/2002
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006225

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Flurbiprofen NDC #10** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Cyclobenzaprine NDC #10** 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 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/19/2013. 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 NDC #10** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Cyclobenzaprine NDC #10** 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 Anesthesiologist, has a subspecialty in Pain Medicine 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 employee is a 38-year-old female who reported a work related injury on 02/28/2002. The clinical note dated 06/24/2013 reports the employee was seen for followup under the care of Dr. [REDACTED]. The provider documents the employee presents with complaints of neck pain with pain radiating into the bilateral upper extremities with numbness and tingling sensations, as well as burning into the hands, right greater than left. The employee reports her neck pain at a 7/10 and low back pain at a 6/10. The provider documents the employee utilizes the following medications: Prozac, Gabapentin, naproxen, and tramadol. The provider documented the employee, upon physical exam, had 5/5 motor strength noted throughout with the exception of the right biceps, 4+/5. Decreased sensation in the thumb, index, and middle finger was noted. Right-sided cervical radiculopathy and herniated disc at C5-6 were the employee's presenting diagnoses. The provider noted the employee presents with symptoms of carpal tunnel disease. The provider rendered a prescription for the employee to utilize topical medications as well as tramadol, Anaprox, and Protonix.

### **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 from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for Flurbiprofen NDC #10 :**

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 the MTUS.

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

Rationale for the Decision:

MTUS Chronic Pain Guidelines indicate that, “any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended.” Additionally, California MTUS indicates topical analgesics are “largely experimental in use with few randomized control trials to determine efficacy or safety.” In addition, topical ketoprofen is currently not FDA approved. **The request for Flurbiprofen NDC #10 is not medically necessary and appropriate.**

**2) Regarding the request for Cyclobenzaprine NDC #10 :**

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 the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111, which is part of the MTUS.

Rationale for the Decision:

MTUS Chronic Pain Guidelines indicate that, “any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended.” Additionally, California MTUS indicates topical analgesics are “largely experimental in use with few randomized control trials to determine efficacy or safety.” In addition, topical ketoprofen is currently not FDA approved. **The request for Cyclobenzaprine NDC #10 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.