

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



Independent Medical Review Final Determination Letter

680

[Redacted]

Dated: 12/20/2013

IMR Case Number:	CM13-0017344	Date of Injury:	01/08/2002
Claims Number:	[Redacted]	UR Denial Date:	08/12/2013
Priority:	STANDARD	Application Received:	08/26/2013
Employee Name:	[Redacted]		
Provider Name:	[Redacted]	MD	
Treatment(s) in Dispute Listed on IMR Application:			
TEROCIN LOTION 4 OZ			

DEAR [Redacted]

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, [Redacted]

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 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 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:

Male claimant who sustained an injury on 1/8/2002 with a history of low back pain who has received kumar steroid injections for chronic pain along with Norco and Flexeril. A progress note on 7/23/13 stated a diagnosis of lumbar radiculopathy and spinal stenosis. He was continued on the Flexeril, Nocro as well as Voltaren and a home exercise plan. There is mention in a prior review that the claimant uses Terocin cream to reduce the use of Norco.

IMR DECISION(S) AND RATIONALE(S)

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

1. Terocin lotion 4 oz. is not medically necessary and appropriate.

The Claims Administrator based its decision on the ODG, Pain.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 111-112, which are part of the MTUS.

The Physician Reviewer's decision rationale:

The active ingredients of Terocin are: Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, Lidocaine 2.50%. According to the guidelines above, topical lidocaine is recommended for peripheral pain/neuropathy when a trial of 1st line therapy has failed such as SSRI or a tri-cyclic medication. Although, Capsaicin is appropriate and NSAIDs such as salicylates can be used for short-term, topical lidocaine is not medically necessary. There is also inadequate documentation to support reduced use of Norco

while on Terocin or pain response on Terocin. Furthermore any compounded drug that is not recommended is not recommended.

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]

CM13-0017344