

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: 10/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	5/28/2010
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0004135

- 1) MAXIMUS Federal Services, Inc. has determined the request for terocin lotion one (1) times six (6) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. 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 terocin lotion one (1) times six (6) **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 64-year-old female who reported a work-related injury on 05/28/2010, as a result of strain to the left shoulder and low back. Subsequently, the patient treats under the care of Dr. [REDACTED] for the following diagnoses, lumbar pain with radicular symptoms, predominantly left-sided C5, C6 and C7 radiculopathy. The provider documented on clinical note dated 05/02/2013 that the patient was followed for continued complaints of pain. The provider reports the patient utilizes an H-wave in addition to medication and topical analgesics. The provider reported the following during physical exam, patient was 5 foot 5 inches with a weight of 138 pounds. The patient had decreased cervical extension, epaulette tenderness. The patient's upper extremity motor and sensory exams were grossly intact. The patient had slightly decreased lumbar flexion. The patient had evidence of a sciatic notch tenderness and lower extremity motor and sensory exams were intact.

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 terocin lotion one (1) times six (6) :**

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, page not cited, part of the MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages

28, 105, 111 & 112, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

MTUS Chronic Pain Guidelines indicate, "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." The clinical notes do document the employee utilizes Neurontin for pain complaints; however, use of Norco multiple times a day was evidenced, with no titration of this medication noted as a result of the employee utilizing topical analgesic. Furthermore, the employee utilizes an H-wave system pain complaints in addition to topical and oral analgesics. The request for Terocin lotion one (1) times six (6) **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,

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th 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.