

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	1/25/2013
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0009314

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for Terocin 120 ml lotion apply BID to affected area #2 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for Fexmid 7.5 mg one tablet TID #60 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. 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 retrospective request for Terocin 120 ml lotion apply BID to affected area #2 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for Fexmid 7.5 mg one tablet TID #60 **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 PM&R, has a subspecialty in Pain Management 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 51-year-old female who reported an injury on 01/25/2012. Current diagnoses include degenerative disc disease with L4-5 and L5-S1 bulge, cervical and lumbar strain, herniated nucleus pulposus at C5-6 with myeloradiculopathy status post ACDF at C5-6 on 03/05/2013, depression, and herniated nucleus pulposus at L4-5 and L5-S1. The patient was most recently seen by Dr. [REDACTED] on 08/12/2013. The patient complained of 8/10 lower back pain with radiation to the right lower extremity. Objective findings included weakness and numbness and L5 and S1, positive straight leg raising on the right, antalgic gait, minimal cervical tenderness, 20% decreased cervical range of motion, 50% decreased lumbar spine range of motion, and negative Lhermitte's and Spurling's testing. Recommendations included continuation of current medications.

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 and Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the retrospective request for Terocin 120 ml lotion apply BID to affected area #2:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, 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. 111-113, which is a part of the MTUS.

Rationale for the Decision:

The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines further state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Terocin cream is a combination of methyl salicylate, capsaicin, menthol, and lidocaine. Topical lidocaine in the formulation of a dermal patch has been designated by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine are indicated. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications include fibromyalgia, osteoarthritis, and chronic nonspecific back pain. The clinical records submitted and reviewed indicate, the employee's physical examination revealed decreased range of motion, minimal tenderness, positive straight leg raising, and weakness with numbness to the right L5 and S1. Documentation of a failure to respond to oral antidepressants and anticonvulsants prior to the initiation of a topical analgesic is not provided. **The request for Terocin 120 ml lotion apply BID to affected area #2 is not medically necessary and appropriate.**

2) Regarding the retrospective request for Fexmid 7.5 mg one tablet TID #60:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pg. 64, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle Relaxants (for pain), pgs. 63-66, which is a part of the MTUS.

Rationale for the Decision:

The California MTUS Guidelines state muscle relaxants are recommended as a non-sedating second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most lower back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some

medications in this class may lead to dependence. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. This medication is not recommended to be used for longer than 2 to 3 weeks. The clinical notes submitted for review indicate the employee continues to report 8/10 severe pain with radiation to the lower extremity despite the ongoing use of this medication. Physical examination does not reveal muscle tension or palpable muscle spasms. As guidelines do not recommend cyclobenzaprine for chronic use, the continuation of this medication cannot be determined as medically appropriate. **The request for Fexmid 7.5 mg one tablet TID #60 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, 18th Floor
Oakland, CA 94612

/lkh

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.

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