

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested compound medication Terocin, for the lumbar spine, **was not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/24/2013 disputing the Utilization Review Denial dated 4/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/29/2013. 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 requested compound medication Terocin, for the lumbar spine, **was 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 Internal 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 18, 2013.

“This 32-year-old male sustained an injury on 2/7/13. The mechanism of injury occurred when he was loading a cart onto a truck and felt a sharp pain in the lower back. The diagnosis was acute lumbosacral strain. On 2/19/13, the patient was evaluated and had complaints of constant pain in the lower back, worse on movement and sitting. On examination there was tight tender paravertebral muscles of mid/lower back. Mildly tender right sacroiliac joint was noted. Mildly tender right sacroiliac joint was noted. Deep tendon reflexes were +2 bilaterally. A PR-2 addendum was for the back was not legible. Gait was normal. Straight leg raise was negative bilaterally. Medications included flexeril and Tramadol. He was evaluated on 2/22/13 and was improved but still hurting if sitting too long or bending. Back was tender with mildly tight paravertebral muscle of the lower lumbosacral area. Range of motion was restricted. The note indicated to see the PR-2 which was illegible.”

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 for Independent Medical Review dated 4/24/2013
- Utilization Review Determination provided by [REDACTED] dated 4/18/2013
- Medical Records from 2/19/2013 through 4/19/2013
- California Chronic Pain Medical Treatment Utilization (MTUS) Guidelines, pages 56, 105, and 111-112

1) Regarding the retrospective request for compound medication Terocin for the lumbar spine:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009) (pages 56, 105, and 111-112), which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 2/7/2013 and experienced constant pain in the lower back that worsened on movement and sitting. The employee's medical records show tight tender paravertebral muscles in the mid/low back and mildly tender right sacroiliac. The employee's deep tendon reflexes were +2 bilaterally, gait was normal, and straight leg raise was negative bilaterally. Medications included Flexeril and Tramadol. An evaluation dated 2/22/13 indicated the employee was improved but still experienced pain when sitting too long or bending. Additionally, the 2/22/13 report noted the employee's back was tender with mildly tight paravertebral muscle(s) in the lower lumbosacral area. A retrospective request was submitted for the compound medication Terocin.

Terocin contains Lidocaine Hydrochloride compounded, Methyl Salicylate and Capsaicin, and it is a topical application. The Terocin package insert states that it is indicated for "temporary relief of minor aches and pains caused by arthritis, simple backaches and strains." The guidelines indicate Lidocaine injection is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. The guidelines indicate topical Methyl Salicylate is significantly better than placebo in chronic pain. The guidelines indicate Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments.

The claimant has shown improvement despite residual stiffness. This was established in progress notes dated 2/28/2013, 3/12/2013 and 4/2/2013. Additionally, Capsaicin is not approved for chronic pain. Since this compound medication is not clearly indicated for chronic pain and the employee has not had a trial of first line therapy, the requested Terocin was 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.