
Notice of Independent Medical Review Determination

Dated: 8/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

5/17/2013

3/30/2013

5/28/2013

CM13-0000491

- 1) MAXIMUS Federal Services, Inc. has determined the request for retrospective for Terocin Cream (date of service 4/26/13), Qty: 1.00 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/28/2013 disputing the Utilization Review Denial dated 5/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/15/2013. 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 retrospective for Terocin Cream (date of service 4/26/13), Qty: 1.00 **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 Occupational 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 May 17, 2013:

"██████████ is a 49 year old (DOB 1/12/1964) female store manager that tripped on a wood stool while at work on 3/30/2013 injuring her right knee. She is currently TTD, The Right knee sprain/strain/contusion has been accepted by the carrier."

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 (received 5/28/13)
- Utilization Review Determination (dated 5/17/13)
- Chronic Pain Medical Treatment Guidelines (2009), Capsaicin, topical, pgs. 28-29
- Medical Records from ██████████ (dated 4/1/13-4/8/13)
- Procedure Reports from ██████████ (dated 5/6/13-7/5/13)
- Treatment Authorization request with notes from ██████████ MD (dated 4/29/13-6/3/13)
- Doctor's first report from ██████████, MD (dated 4/1/13)
- Office note from ██████████ (dated 7/9/2013)

- 1) **Regarding the request for retrospective (date of service 4/26/13) for Terocin Cream Qty: 1.00 :**

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 (2009), Capsaicin, topical, pgs. 28-29 and Topical analgesic, pgs. 111-112, part of the 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 applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 3/30/13 the employee sustained a work-related injury to the right knee. Medical records submitted and reviewed indicate a diagnosis of right knee sprain/strain/contusion. Treatment included oral analgesics, two sympathetic nerve blocks and Terocin cream. Medical report dated 4/5/13 indicates the employee continues to experience pain in the right knee. A retrospective request was submitted for Terocin Cream (date of service 4/26/13), Qty: 1.00.

Terocin Cream is a topical pain medication that contains the active ingredients Methyl Salicylate, Capsaicin, and Lidocaine. The MTUS Chronic Pain Medical Treatment Guidelines recommend Salicylate, Capsaicin and Lidocaine dependant on the clinical circumstance. Lidocaine is recommended only in the formulation of a dermal patch, and is not recommended in “other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels)” for neuropathic pain. The guidelines note that “any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.” The retrospective request for Terocin Cream (date of service 4/26/13), Qty: 1.00 **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

/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.