

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 10/17/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/30/2013
Date of Injury:	4/10/2013
IMR Application Received:	6/10/2013
MAXIMUS Case Number:	CM13-0000629

- 1) MAXIMUS Federal Services, Inc. has determined the request for Terocin Lotion 120ml **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Medrox patch #5 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/10/2013 disputing the Utilization Review Denial dated 5/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 120ml **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Medrox patch #5 **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The 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 Physical Medicine and Rehabilitation 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 30, 2013:

"The claimant, Ms. [REDACTED] is a senior aide, who has filed a claim for neck, low back, and shoulder pain reportedly associated with an industrial injury of 04/10/13. Thus far, she has been treated with the following: Analgesic medications; topical analgesics; and MRI of the lumbar spine of 04/22/13, apparently notable for spondylotic changes and low-grade disk bulge of uncertain clinical significance; x-rays of the injured left shoulder, lumbar spine and thoracic spine reportedly negative for fracture and dislocation; and reported return to restricted duty work. The most recent progress note of 05/27/13 is notable for comments that the claimant exhibits pain, tenderness and swelling about the neck, upper back, and low back and left shoulder slightly better than before. The range of motion is slightly diminished and unchanged. The claimant receives recommendations to continue physical therapy and employ Terocin, tramadol, and Medrox for pain relief while returning to restricted duty work."

### **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 6/10/13)
- Utilization Review Determination from [REDACTED] (dated 5/30/13)
- Employee medical records from [REDACTED]

- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request Terocin Lotion 120ml :**

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), (no chapter, section or page cited), part of the MTUS and the Official Disability Guidelines (ODG), Pain Chapter, (no section cited), a medical treatment guideline, not part of the MTUS. The Expert Reviewer found the Chronic Pain Treatment Medical Guideline, Topical Analgesics, pages 111-113, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial related injury to the neck, low back and shoulder on 4/10/13. A review of the medical records indicates treatments have included: analgesic medications, topical analgesics, MRI, and X-ray. A progress note dated 5/27/13 indicates the employee is still experiencing pain, tenderness and swelling in the neck, upper back; however the low back and left shoulder are slightly better than before. A request was submitted for Tercocin Lotion 120ml and Medrox patch #5.

Terocin is a compounded topical with methyl salicylate, capsaicin, menthol and lidocaine. MTUS Chronic Pain guidelines state topical analgesics are recommended after failure of antidepressants or anticonvulsants and there is no indication of neuropathic pain or failure of medications. The guidelines further state "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Terocin contains topical lidocaine. The guidelines note that other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. The request for Terocin Lotion 120ml **is not medically necessary and appropriate.**

**2) Regarding the request for Medrox patch #5:**

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), no chapter, section or page cited, part of the Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the Chronic Pain Treatment Medical Guidelines, Topical Analgesics, pages 111-113, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial related injury to the neck, low back and shoulder on 4/10/13. A review of the medical records indicates treatments have included: analgesic medications, topical analgesics, MRI, and X-ray. A progress

note dated 5/27/13 indicates the employee is still experiencing pain, tenderness and swelling in the neck, upper back; however the low back and left shoulder are slightly better than before. A request was submitted for Tercocin Lotion 120ml and Medrox patch #5.

Medrox is a compound topical available in a dermal patch or in ointment. It contains Methyl salicylate 20%, menthol 5% and capsaicin 0.0375%. The MTUS Chronic Pain Treatment Guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guidelines further state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records submitted do not provide evidence of treatments the employee has tolerated or has not responded to. There does not appear to be any mention of neuropathic pain, no trial of first line therapy with TCA, SNRI or AED. The request for Medrox Patch #5 **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, 18<sup>th</sup> 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.