

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **11/21/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/29/2013
Date of Injury:	4/7/2012
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0012378

- 1) MAXIMUS Federal Services, Inc. has determined the request for Terocin lotion #1 is not **medically necessary and appropriate**.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 7/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 #1 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 Preventative Medicine and 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.

Expert Reviewer Case Summary:

IMR FILE NUMBER: CM13-0012378

CLINICAL SUMMARY: All medical, insurance, and administrative records provided were reviewed. The applicant is a former cable installer who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 7, 2012.

Thus far, he has been treated with the following: Analgesic medications; topical agents; transfer of care to and from various providers in various specialties; prior shoulder surgery in May 2013; unspecified amounts of postoperative physical therapy; and extensive periods of time off of work, on total temporary disability.

In a utilization review report of July 30, 2013, the claims administrator certified a prescription for Norco 2.5/325 #60 and non-certified the prescriptions for topical compounded Terocin lotion.

In a handwritten progress report of July 23, 2013, not entirely legible, difficult to follow, it is notable for comments that the applicant reports constant right shoulder pain, 8/10. Limited shoulder range of motion status post rotator cuff repair surgery is appreciated. The applicant is asked to follow up with orthopedics. Vicodin and Ultracet are reportedly discontinued owing to ineffectiveness. The applicant is given a prescription for Norco 2.5/325 #60 on a trial basis. A topical compounded lotion is provided.

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 #1:

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-Topical-Lidocaine,Capsacin, Menthol, Salicylate topical, which are a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 111 of 127, Topical Analgesics, which is a part of the MTUS.

Rationale for the Decision:

The MTUS-adopted ACOEM guidelines in chapter 3 suggest that oral pharmaceuticals are a first-line palliative measure. A review of the records provided indicates the employee was issued with a prescription for oral Norco on the date in question, likely obviating the need for topical agents and topical compounds which, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, are considered largely experimental. **The request for Terocin lotion #1 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

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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.