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## Independent Medical Review Final Determination Letter

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/10/2013  
Date of Injury: 11/9/2007  
IMR Application Received: 8/20/2013  
MAXIMUS Case Number: CM13-0014391

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 58-year-old female who reported an injury on 11/09/2007. The mechanism of injury was not provided. The patient had continued low back, neck, and mid back pain with radiation into the bilateral lower extremities. Physical findings included decrease sensation in the right L3, L4, L5, and S1 dermatomes with reduced strength in the bilateral lower extremities with a positive straight leg raising test and slump test. The patient was conservatively treated with physical therapy, chiropractic care, acupuncture visits, and medication. The patient's treatment plan included surgical intervention, and medication management.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1. One (1) Terocin pain relief lotion, 4 oz. is not medically necessary and appropriate.**

The Claims Administrator based its decision on the CA MTUS Guidelines.

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

The Physician Reviewer's decision rationale:

The requested Terocin pain relief lotion is not medically necessary or appropriate. The requested Terocin lotion contains ingredients to include methyl salicylate, capsaicin, menthol, and lidocaine hydrochloride. California Medical Treatment Utilization Schedule states any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended." The California Medical Treatment Utilization Schedule states that there are no FDA commercially approved topical formulations of lidocaine whether creams, lotions, or gels indicated for neuropathic pain. The agent capsaicin is only recommended in patients who have

not responded or are intolerant to other treatments. The clinical documentation submitted for review does not indicate that the patient is recalcitrant of other treatments. Although methyl salicylate is recommended as a topical agent for chronic pain, lidocaine and capsaicin would not be supported. Therefore, Terocin pain relief lotion would not be considered medically necessary or appropriate.

**2. Omeprazole 20mg, #60 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the CA MTUS Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk and 68, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The requested 60 omeprazole 20 mg capsules is not considered medically necessary or appropriate. The clinical documentation does indicate that the patient has continued low back pain with radicular symptoms. However, California Medical Treatment Utilization Schedule recommends GI protectants for patients at high risk for gastrointestinal events. The clinical documentation submitted for review does not provide evidence that the patient is at high risk for gastrointestinal events that would be exacerbated by medication usage. As such, the requested 60 omeprazole 20 mg capsules is not medically necessary or appropriate.

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.

[REDACTED]

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