

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

Dated: 12/9/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/8/2013
Date of Injury:	6/26/2008
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017360

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Terocin Cream 120mg is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 Cream 120mg 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 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.

Expert Reviewer Case Summary:

This is a 40 year old male who sustained a work injury of his right foot and lower extremity when driving wooden stakes into the ground on June 26, 2008. The patient's relevant diagnosis is neuritis of the right big toe. The patient has been seeing a podiatrist for his injury and has tried different modalities of treatments including medical management, physical therapy, custom orthotics and hot/cold therapy. Per notes, the patient's pain has remained constant with little change throughout the course. He has been on extra strength Tylenol, Terocin cream and Ketoprofen cream. Per documentation on progress note dated October 24, 2012, the patient has a decrease in pain for 45-60min after using Terocin cream. The issue on hand is whether the purchase of a two-week supply of Terocin cream is medically necessary.

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 Cream 120mg:

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 Analgesics, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 111-113, which are part of the MTUS.

Rationale for the Decision:

Per the MTUS guidelines, topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have been tried and failed. Specifically, it is recommended that topical lidocaine in the form of a patch (Lidoderm) is used to neuropathic pain and not recommended in non-neuropathic pain. No other forms of lidocaine are recommended for neuropathic pain. Therefore, the cream form of this medication is not indicated in this employee. Capsaicin, which is another ingredient in Terocin, is recommended for use in those who are unsuccessful with conventional therapy and primarily used for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain which this employee does not have. Specifically, the employee has not tried and failed the different modalities of conventional treatments including but not limited to the different medications that are available. Methyl salicylate, an NSAID in Terocin, is indicated in osteoarthritis and tendinitis (short-term only). The employee has neither of these diagnoses and, therefore, does not meet the MTUS criteria. **The request for Terocin cream 120mg 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

/dso

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.