
Independent Medical Review Final Determination Letter

836

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

IMR Case Number:	CM13-0017845	Date of Injury:	09/07/2005
Claims Number:	[REDACTED]	UR Denial Date:	08/19/2013
Priority:	STANDARD	Application Received:	08/28/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] M.D.		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

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 & Rehabilitation has a subspecialty in Pain 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 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:

This is a male patient with a date of injury of September 7, 2005. A utilization review determination dated August 19, 2013 recommends non-certification of Terocin lotion, medical panel between June 13, 2013 and October 5, 2013, and modified certification for hydrocodone/acetaminophen 5/325 #68 between June 13, 2013 and October 5, 2013 for the purposes of weaning. An AME report dated July 12, 2012 states, "the underlying cause of his type of hypertension is attributable to genetic abnormalities, which have been substantiated in the records and sustained in the history which he relates to me." The note goes on to state "therefore, based on reasonable medical probability, I concluded that the applicant's condition was apportionable equally to nonindustrial and industrial factors." A progress report dated June 13, 2013 states, "cervical, thoracic, lumbar bilateral (illegible) right lower extremity." Objective findings identify, "decreased range of motion cervical and lumbar spine, positive straight leg raise, decreased strength in bilateral upper and lower extremities." Diagnosis is not listed. Treatment rendered states "please see narrative report" (no narrative report was provided for review).

IMR DECISION(S) AND RATIONALE(S)

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

1. Terocin lotion is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics Section, pages 111-113, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Regarding the request for Terocin, The California MTUS Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that topical NSAIDs are recommended for short-term use only. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Guidelines state that topical lidocaine is indicated for neuropathic pain after there has been evidence of a trial of first-line therapy. Guidelines state that topical capsaicin is recommended only as an option in patients who have not responded to, or are intolerant to, other treatments. Within the documentation available for review, there is no indication that the employee is unable to tolerate oral NSAIDs, or any other medical justification for ongoing use of topical NSAIDs. Additionally, there is no documentation indicating that the topical NSAIDs will be used for short short-term use only. There is no documentation indicating that the employee has not responded to, or is intolerant of, other treatments prior to initiating capsaicin. There is no documentation that the employee has had a trial of first line neuropathic pain medication prior to initiating treatment with lidocaine. **The request for Terocin lotion is not medically necessary and appropriate.**

2. Hydrocodone/APAP 5/325 mg #90 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids Section, pages 76-79, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Regarding the request for Hydrocodone/Acetaminophen 5/325 mg (Norco), The California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the employee's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. **The request for Hydrocodone/APAP 5/325 mg #90 is not medically necessary and appropriate.**

3. A medical panel is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 21, which is part of the MTUS and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Regarding the request for "medical panel," The California MTUS Guidelines and Official Disability Guidelines (ODG) do not contain criteria for "medical panel." It is unclear exactly

what is being requested. This may be a request for lab work. This may be a request for internal medicine review. Without further documentation, it is impossible to determine which guidelines would be applicable, and what the criteria for medical necessity might be. If the request is for lab work (which seems most likely), there is no documentation indicating what specific lab work is being requested, and why there is a medical need for this lab work. Additionally, there is no documentation indicating what medical decision-making will be based upon the outcome of the requested lab work. California MTUS and ODG do not contain criteria regarding the general use of lab work such as comprehensive metabolic panel. They do, however, recommend the use of lab work when patients are being prescribed medications for which routine labs are required (i.e. carbamazepine, see above). There is no documentation that the patient is on a medication for which follow-up lab work would be indicated; or that there is any condition related to the industrial injury for which regular lab work would be indicated. **The request for a medical panel is not medically necessary and appropriate.**

/JR

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]

CM13-0017845