

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	9/14/2006
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005594

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Norco (Hydrocodone) 10/325 mg, every 6 hours as needed for pain, #60** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Terocin cream 25mg #60** is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/16/2013. 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 **Norco (Hydrocodone) 10/325 mg, every 6 hours as needed for pain, #60** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Terocin cream 25mg #60** 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 Anesthesiologist, 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 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:**

The patient is a 52-year-old male who reported an injury on 09/14/2006. The patient has ongoing neck pain and low back pain radiating into the left lower extremity. Physical findings included significantly reduced range of motion of the lumbar spine secondary to pain, a positive Kemp's test, a positive straight leg raising test on the left side, and reduced muscle strength rated at 4/5 with decreased sensation over the lateral aspect and post lateral aspect of the thigh, calf, and left foot. The patient's diagnoses included a thoracolumbar sprain/strain, cervical disc disease, and a cervical sprain/strain. The patient's treatment plan included medications and consideration of surgical intervention.

### **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 Norco (Hydrocodone) 10/325 mg, every 6 hours as needed for pain, #60 :**

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 California MTUS: Chronic Pain, pages 9, 74-95.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines: Opioids, Ongoing Management, page 78, which is part of MTUS.

Rationale for the Decision:

The California Medical Treatment and Utilization Schedule states, “4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychological/psychosocial functioning, and the appearance of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the “4 A’s” (analgesia, activities in daily living, adverse side effects, and aberrant drug-taking behavior). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs.” The clinical documentation submitted for review does not provide an assessment of pain relief as it is related to this medication. Additionally, there is no documentation of functional benefit to support the continued use of this medication. It is also noted within the documentation that the employee ran out of this medication prior to the scheduled appointment. The clinical documentation does not provide any recent assessment of the employee’s compliance. **The request for Norco (hydrocodone) 10/325 mg, every 6 hours as needed for pain, #60 is not medically necessary and appropriate.**

**2) Regarding the request for Terocin cream 25mg #60 :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

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

Rationale for the Decision:

Terocin is a topical analgesic preparation that contains methyl salicylate 25%, capsaicin 0.25%, menthol 10%, and lidocaine 2.50%. The California Medical Treatment and Utilization Schedule states, “Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended.” Although California Medical Treatment and Utilization Schedule do recommend the use of methyl salicylate in the treatment of chronic pain, there is no support for capsaicin or lidocaine. Capsaicin is only recommended as an option after patients have failed to respond or are intolerant of other treatments.

The clinical documentation submitted for review does not indicate that the employee has failed to respond to first line treatments to include SNRI antidepressants or antiepileptic drugs. Additionally, the California Medical Treatment and Utilization Schedule states, "Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain." No other commercially approved topical formulation of lidocaine, to include creams, lotions, or gels are appropriate for the use of treatment of neuropathic pain. **The request for Terocin cream 25mg #60 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, 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.