

<b>Case Number:</b>	CM13-0002708		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in New York and North Carolina. 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

The claimant is a 44 year old woman who states she was injured 10/30/2012, when she was pushed by a resident of the facility in which she worked, and then fell to the ground. She has resultant left shoulder, neck, arm and wrist pain, and headaches. She has left shoulder adhesive capsulitis with MRI showing calcific tendonitis in the rotator cuff. Manipulation under anesthesia has been recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Terocin Topical Lotion 120 ml-dispensed on 6/19/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** Terocin lotion composition: methyl salicylate 25 mg in 100 ml; capsaicin 0.025 g in 100 ml; menthol 10 g in 100 ml and lidocaine hydrochloride 2.5 g in 100 ml. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Menthol and topical lidocaine not in a patch form are not approved in the

chronic pain guidelines of the MTUS, so the whole compound is disallowed. Therefore, the request is not medically necessary.

**Retrospective Fexmid 7.5 mg #60 x1-dispensed on 6/19/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**Decision rationale:** Muscle Relaxants are not a first-line choice for treating pain. Efficacy declines over time, and longer term use can lead to dependence for some types of muscle relaxants. The indication is for muscle spasm. Cyclobenzaprine dosing starts at 5mg TID and can be increased to 10 mg TID. Use is not recommended beyond 3 weeks. She had been prescribed cyclobenzaprine earlier in the year, with notation that she did not take it. The medication is not indicated for frozen shoulder, but for muscular spasm, which is not documented with the request. Furthermore, no dosing instructions/plans were included, so it is difficult to determine if the proposed medication use was within established guidelines. Therefore, the request is not medically necessary.