

Case Number:	CM13-0006737		
Date Assigned:	08/23/2013	Date of Injury:	03/16/1994
Decision Date:	01/23/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/05/2013

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 Occupational 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and back pain reportedly associated with an industrial injury of March 16, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; prior right shoulder surgery; left carpal tunnel release surgeries in 1995 and 1996; a shoulder corticosteroid injection; unspecified amounts of physical therapy; MRI imaging of the left shoulder of May 26, 2009, notable for arthritic changes and multiple partial thickness rotator cuff tears; and topical agents. In a utilization review report of July 26, 2013, the claims administrator denied a request for a pool membership for a year, certified a request for six sessions of physical therapy, and denied a request for topical Terocin cream. The applicant's attorney later appealed on July 31, 2013. An earlier handwritten note July 16, 2013 is notable for comments that the applicant reports persistent neck pain, has limited neck range of motion and tenderness about the paraspinal musculature. The applicant is asked to pursue physical therapy for flare-up of pain. Topical Terocin cream is endorsed owing to the fact that the applicant cannot use oral NSAIDs owing to a history of gastric ulcer and diverticulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin cream 120ml: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/druginfo>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-107. Decision based on Non-MTUS Citation National Library of Medicine (NLM) <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0-4a4a-adee-670073e4b22c>

Decision rationale: As noted by National Library of Medicine (NLM), Terocin is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. As noted on page 28 of the MTUS Chronic Pain Guidelines, capsaicin is recommended only as an option in those applicants who have not responded to and/or are intolerant to other treatments. In this case, the capsaicin containing component of the request is recommended. Similarly, page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does note that salicylate topicals are recommended in the treatment of chronic pain, effectively endorsing the methyl salicylate portion of the request. Thus, on balance, given the applicant's issues with oral NSAID intolerance secondary to gastritis and diverticulitis, a trial of topical Terocin may be indicated. The request for Terocin cream 120ml is medically necessary and appropriate.

Pool membership one year: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation Cornerstones of Disability Prevention and Management, Official Disability Guidelines Low Back Problems

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As noted in the ACOEM Guidelines, applicants must assume certain responsibilities to aid in recovery, one of which includes adhering to and maintaining an exercise and medication regimen. It is the applicant's responsibility to maintain an exercise regimen of her own accord according to ACOEM Guidelines. The Official Disability Guidelines gym membership topic notes that gym memberships are recommended as a medical prescription only in those applicants in whom a documented home exercise program has been ineffectual and where there is a need for specialized equipment. In this case there is no clearly stated need for specialized equipment, nor has it been clearly stated that the applicant has in fact tried and to failed to perform home exercises of her own accord. Therefore, the request for a pool membership for one year is not medically necessary and appropriate.