

Case Number:	CM13-0019709		
Date Assigned:	11/08/2013	Date of Injury:	05/01/2013
Decision Date:	01/22/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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. 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 patient is a 37-year-old male who reported an injury on 05/01/2013. The patient is currently diagnosed with cervical sprain and strain, severe right shoulder impingement syndrome, and right bicipital tendinitis. The patient was recently evaluated by [REDACTED] on 10/14/2013. The patient complained of persistent right shoulder pain. It is noted that the patient has been previously treated with greater than 20 sessions of physical therapy, as well as 2 cortisone injections which provided temporary relief. The patient's MRI of the right shoulder was consistent with significant impingement syndrome and a complete tear of the rotator cuff. Treatment recommendations included an arthroscopy of the right shoulder with subacromial decompression, Mumford procedure, and repair of the rotator cuff.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Terocin is a compounded topical analgesic composed of Lidocaine, Capsaicin, Salicylate, and Menthol. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is indicated for patients with osteoarthritis, fibromyalgia, and non-specific low back pain. Topical Lidocaine is only supported in the form of a dermal patch for the treatment of neuropathic pain. The California MTUS Guidelines further state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended as a whole. As per the clinical notes submitted, there is no documentation of a failure to respond to oral medication prior to the initiation of a topical analgesic. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.