

Case Number:	CM13-0019949		
Date Assigned:	10/11/2013	Date of Injury:	09/08/2011
Decision Date:	01/07/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/04/2013

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 36 year old male with a history of an injury sustained 9/8/11. The patient had second degree burn to multiple areas and tendonitis of shoulder. The patient is also with chronic pain and depression. He has seen a dermatologist and was given Terocin lotion. A utilization review report dated 8/19/13 denied the request for the lotion to be covered.

IMR ISSUES, DECISIONS AND RATIONALES

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

The Terocin lotion dispensed on 5/2/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): s 111-112.

Decision rationale: Per MTUS guidelines, any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for non-neuropathic pain. There was no superiority in studies over placebo for chronic muscle pain. Further research is needed to recommend lidocaine for chronic non-neuropathic pain disorders other than post-herpetic neuralgia. It is not noted that the patient has this condition. Capsaicin is recommended only as an option in patients who have not responded to other drugs. The record

doesn't show that this is the case. The request for Terocin lotion is not medically necessary and appropriate.