

Case Number:	CM13-0021479		
Date Assigned:	11/08/2013	Date of Injury:	06/29/2010
Decision Date:	01/17/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

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 Emergency 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:

Patient has reported injury on 6/29/2010 from lifting incident with right shoulder and right arm pain. Has persistent right shoulder pain with lifting and movement. MRI of shoulder on 3/14/13 showed small supraspinatous tendon defect. Reports show attempts at physical therapy with no improvement in pain. Clinic report from 8/7/13 reports refilling patient's omeprazole and Terocin ointment. Last report of visit from 9/4/13 shows persistent 7/10 pain despite oral pain meds but undefined improvement with the terocin ointment. Objective exam shows right shoulder range of motion with limited flexion and abduction. Patient also reports gastrointestinal issues with epigastric pain and nausea. Patient is currently on Celebrex for pain. Patient was on terocin ointment for pain in past and reports show that it provided "good" relief for patient. Request for certification of Terocin (Lidocaine-Capsaicin-Menthol-Methyl salicylate) ointment and omeprazole. Utilization review on 8/27/13 recommend non-certification for terocin but certification for omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: As per MTUS guidelines, patient is currently on an NSAID and having GI symptoms consistent with gastritis. Recommend certification of omeprazole.

Terocin Ointment: Upheld

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

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

Decision rationale: Terocin ointment contains lidocaine, capsaicin, methyl-salicylate and menthol. According to MTUS, guidelines recommend: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." 1) Methyl-salicylate (NSAID): Poor evidence for its efficacy, not evaluated for efficacy in shoulder. Minimal data for its usefulness in muscular skeletal pain but it is better than placebo. 2) Lidocaine: Only efficacy in neuropathic pain. Not recommended in non-neuropathic pain. 3) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. 4) Menthol: No data available. In conclusion, according to MTUS guideline since topical lidocaine is not recommended, Terocin is not recommended.