

<b>Case Number:</b>	CM13-0022321		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	02/12/2011
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 53-year-old right-handed female who sustained injury at her work on 2/12/2011 when a coworker came behind her and pulled a large tube that she was holding in her left arm and hand. During the process, she sustained an injury in her left shoulder. Findings as of 8/2/12 included supraspinatus tendon articular surface tendinosis, mild acromioclavicular joint degenerative changes, and an otherwise negative MRI of the left shoulder. On 4/25/13, ■■■. ■■■ saw her for left shoulder and neck problems. ■■■ noted that she had completed six sessions of physical therapy and tried a TENS unit. There was tenderness to palpation at the left rhomboid, right SCM, left traps, and bilateral cervical paraspinals. The patient complained at this visit of dull aching continuous shoulder pain. She notes that during the last month, she functionally has avoided performing household chores and exercising. She does not have any limitations in activities of daily living. She does not use adaptive equipment. As of 8/23/13, the patient was getting physical therapy (PT) at Kaiser for her shoulder/neck. She is finding some benefit from the therapy after her last steroid injection. The issue presented is whether the additional PT is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Active physical therapy (6 sessions): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** Active physical therapy is not medically necessary per MTUS guidelines. It is not clear from documentation submitted exactly how many total therapy sessions patient has had and what functional progress she has made. There is no documentation submitted from these therapy sessions in the past and therefore without this information further therapy cannot be deemed medically necessary. Therapy should involve a fading of frequency with an active self directed home program.

**Terocin lotion:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 105, and 111-113..

**Decision rationale:** According to the Chronic Pain Treatment Guidelines, topical analgesics are largely experimental with little evidence to support the use of many of these agents. The guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The active ingredient in Terocin Lotion are :Methyl Salicylate 25%,Capsaicin 0.025%, Menthol 10% Lidocaine 2.50%. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin orLyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The patient has no documentation that they meets criteria for topical lidocaine and therefore this is not medically necessary. Additionally, the guidelines state that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. As these two ingredients of the requested item are not recommended for this patient per guideline criteria, Terocin lotion is not medically necessary.