

<b>Case Number:</b>	CM13-0026000		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 49 year old female who was injured on 12/06/2012. The patient injured her left shoulder and left arm when she slipped on a wet floor and attempted to break her fall. Prior treatment history has included physical therapy, TENS unit, chiropractic care, acupuncture and home exercise program. Medications include: Norco, Prilosec, Ibuprofen, Vicodin and Toradol. The report dated 10/24/2013 documented the patient to have complaints of pain in the right hip and left shoulder being the worst pain at this time. She rates her right hip and left shoulder pain at 8/10 on pain scale. She has been using Norco 3 times a day as well as topical cream for pain, and finds these very effective in decreasing her pain from 10/10 to 8/10. It also allowed her to provide self care. Diagnoses include: Left shoulder partial supraspinatus tendon tear at the distal attachment. i; Left shoulder impingement with bursitis. i; Left shoulder AC degenerative joint disease. i; Bilateral wrist synovial/ganglion cyst per MRI with degenerative findings. i; Neck and mild back pain (not claimed). i; History of left carpal tunnel release 2005/2006. i; Right hip sacroiliac joint dysfunction. i; Right hip degenerative joint disease. i; Right shoulder bursitis/impingement. i; Right shoulder moderate to severe symptomatic AC degenerative joint disease with calcific tendinitis. Requests were made for Terocin Patches, acupuncture and a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE BOX OF TEROGIN PATCHES:** 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 based on Non-MTUS Citation [dailymed.gov](http://dailymed.gov) website

**Decision rationale:** According to the referenced guidelines, Terocin patches contain lidocaine and menthol. The California MTUS guidelines state that only Lidocaine in the formulation of Lidoderm patch may be considered 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 or Lyrica). The medical records do not establish neuropathic pain. The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topical lidocaine is not recommended for non-neuropathic pain. The medical records do not establish this topical patch is appropriate for this patient. Therefore, the requested Terocin Patches are not medically necessary.

**ACUPUNCTURE (8 VISITS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines - Shoulder

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

**Decision rationale:** The guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. A review of the medical records documents the patient's prior treatment history has included acupuncture treatment. The medical records do not demonstrate this patient obtained clinically significant pain relief and/or functional improvement with her previous course of acupuncture treatments. The acupuncture treatment note dated 9/18/2013 documents the patient stated acupuncture treatment did not allow her to take fewer pain medications, did not improve her sleep, and did not increase her ability to function. The guidelines state that acupuncture treatment may be extended if functional improvement is documented. However, no such improvement has been established in this case. Therefore, the requested acupuncture is not medically necessary.

**TENS UNIT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

**Decision rationale:** A review of the medical records documents the patient's prior treatment history has included TENS unit. According to the California MTUS guidelines, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the following conditions: neuropathic pain, phantom limb pain and chronic regional pain syndrome II, multiple sclerosis, and spasticity. The medical records do not establish that the patient is a viable candidate for a TENS unit, as there is no evidence in the medical records that she has any of the above listed conditions, to justify consideration for a home-based TENS unit trial. Therefore, the requested TENS unit is not medically necessary or appropriate.