

Case Number:	CM13-0027835		
Date Assigned:	01/15/2014	Date of Injury:	01/22/2009
Decision Date:	03/24/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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 client is a 31-year-old female who sustained a work injury on March 27, 2009. The mechanism of injury was not provided. Her diagnoses include right shoulder pain- impingement syndrome with rotator cuff tear and posterior-superior labral tear and biceps anchor tear with adhesive capsulitis, status post (s/p) arthroscopic debridement and s/p arthroscopic rotator cuff repair with revision glenohumeral debridement and partial labral resection with biceps tenotomy and manipulation under anesthesia, left shoulder pain with tendonitis and neck pain with radiculopathy. She continues to complain of bilateral shoulder and neck pain, which is increased with movements. She is maintained on medical therapy and has received physical therapy, injection therapy and surgery. Her treating provider has requested Terocin lotion 120mL.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Terocin Lotion 120mL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating the use of Lidocaine patches. Terocin lotion contains methyl salicylate, capsaicin, menthol, and lidocaine. The California MTUS guidelines states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous treatments. Medical necessity for the requested topical medications has not been established. The requested treatment is not medically necessary.