

Case Number:	CM13-0042417		
Date Assigned:	12/27/2013	Date of Injury:	09/06/2012
Decision Date:	04/25/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/17/2013

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 Anesthesiology; has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 37 year old who was injured on September 6, 2012. The diagnoses listed are bilateral shoulder rotator cuff syndrome, myofascial pain syndrome, carpal tunnel syndrome and cervical strain. The patient had completed physical therapy, acupuncture treatment, left shoulder surgery and medication management with resultant reduction in pain and increase in activities of daily living (ADLs). The medications listed are gabapentin and naproxen for pain, omeprazole for prevention of NSAID associated gastritis, Terocin and Dendracin topical preparations for topical analgesia. A Utilization Review was done on October 14, 2013 recommending non-certification for Terocin lotion 120ml and Dendracin 120ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE BOTTLE OF TEROGIN LOTION 120ML: 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): 111-113.

Decision rationale: The California MTUS guidelines address the use of topical analgesics for the treatment of neuropathic pain. Topical analgesic preparations could be utilized to treat

neuropathic pain when trials of anticonvulsants and antidepressants medications have failed. The guideline recommend that topical medication be tried and evaluated individually for efficacy. Any compound product that contains at least one drug or drug class that is not recommended does not meet the medical necessity criteria. The Terocin lotion contains lidocaine 2.5%, capsaicin 0.025%, menthol 10% and methyl salicylate 25%. There is no medical indication for the use of menthol based topical analgesic, therefore, the request is non-certified

ONE BOTTLE OF DENDRACIN 120ML: 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): 111-113.

Decision rationale: The California MTUS guidelines address the use of topical analgesics for the treatment of neuropathic pain. Topical analgesic preparations could be utilized to treat neuropathic pain when trials of anticonvulsant and antidepressants have failed. [REDACTED] indicated that the patient did have significant pain relief with increase in ADLs with the use of gabapentin, acupuncture and physical therapy. The guideline recommends that topical medication preparations be evaluated individually for efficacy. Any compound product that contains at least one drug or drug class that is not recommended, is not recommended. The patient is utilizing two preparations concurrently. Dentracin contains capsaicin 0.025%, methyl salicylate 30% and menthol 10%. There is no approved medical indication for the use of menthol. Therefore the request is non-certified.