

<b>Case Number:</b>	CM13-0042973		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 65-year-old male who reported a work-related injury on 04/30/2012; the specific mechanism of injury was not stated. The patient presents for treatment of the following diagnoses: history of rotator cuff tear on the right, right shoulder impingement syndrome, history of partial biceps tear on the right, and right moderate acromioclavicular joint arthritis. The clinical note dated 08/08/2013 reports the patient was seen under the care of [REDACTED]. The provider documents physical exam of the patient's right shoulder revealing painful range of motion, forward flexion to 90 degrees, abduction to 85 degrees, and arthroscopic incision was noted. Tenderness to palpation was positive at the acromioclavicular joint. The provider recommended continuation of home exercise program, Terocin lotion, Celebrex 200 mg 1 by mouth twice a day, and to return to the clinic in 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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): 111.

**Decision rationale:** The current request is not supported. California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The clinical notes failed to document a specific quantifiable evidence of efficacy with utilization of the requested topical analgesic as noted by a decrease in rate of pain on a VAS and increase in objective functionality for this patient. Given all of the above, the request for Terocin lotion is not medically necessary or appropriate.