

Case Number:	CM13-0044849		
Date Assigned:	12/27/2013	Date of Injury:	07/08/2008
Decision Date:	03/11/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/29/2013

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 Management 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 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 44 year old female with a date of injury of 07/08/2008. The listed diagnoses per [REDACTED] dated 10/04/2013 are: 1. Status post right shoulder surgery x2 2. Right shoulder subacromial bursitis 3. Right shoulder impingement According to report dated 10/04/2013 by [REDACTED], patient presents with right shoulder symptoms. Patient notes that she continues to have severe pain in the right shoulder which she rates at 7-8/10 on the pain scale. Examination of the right shoulder show decreased ROM, tenderness over the AC joint with direct palpation. Positive subacromial bursitis, O'Brien's and impingement noted. The sensation was intact to C5 distribution to light touch. Cervical spine examination reveals decreased sensation to her right C6-C8 dermatomes to pinprick. Positive Hoffmann's bilaterally. MRI of the right shoulder dated 06/23/2013 demonstrates mild rotator cuff tendinosis with subacromial/subdeltoid bursitis and acromioclavicular joint degenerative changes without full-thickness tear. In regards to medication, it is noted "Terocin patches have been the most effective and do not cause any side effects."

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch #1 box (10 Patches): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with chronic right shoulder and back pain. Treater requests Terocin patches as a topical pain reliever "as these have been most effective for her symptoms." The MTUS guidelines page 112 state under Lidocaine states indications are for neuropathic pain. "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 or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy." Lidocaine patches are indicated for neuropathic pain only after trial of tri-cyclic, anti-depressants, or AEDs. It is also indicated for "localized peripheral pain." Thorough review of medical records dating 01/07/2013 to 10/07/2013 do not show evidence of neuropathic or localized peripheral pain. The requested Terocin Patches are not medically necessary and recommendation is for denial.