

Case Number:	CM13-0045006		
Date Assigned:	12/27/2013	Date of Injury:	07/10/2010
Decision Date:	03/11/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/31/2013

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 Family Practice and is licensed to practice in Texas. 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 36-year-old female who reported an injury on 07/10/2010 due to cumulative trauma that reportedly caused injury to her bilateral shoulders. The patient has been treated conservatively with physical therapy, medications, activity modifications, immobilization, ergonomic evaluation, injections, and medications. The patient's most recent clinical evaluation revealed bilateral shoulder pain with elevation, decreased grip strength on the right lower extremity, and pain with right rotator cuff loading. The patient's diagnoses included right shoulder rotator cuff tendinosis with partial thickness tear status post arthroscopy and compensatory left shoulder rotator cuff tendinitis. The patient's treatment plan included physical therapy, a home exercise program, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for Terocin with a date of service of 10/8/2013: 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.

Decision rationale: The requested Terocin lotion is not medically necessary or appropriate. The requested medication contains active ingredients to include methyl salicylate, capsaicin, menthol,

and lidocaine. California Medical Treatment Utilization Schedule does recommend use of menthol and methyl salicylate for osteoarthritic-related pain. The clinical documentation submitted for review does not provide any evidence that the patient has any osteoarthritic pain. California Medical Treatment Utilization Schedule recommends capsaicin in a topical formulation when the patient has failed to respond to other forms of treatment. The clinical documentation submitted for review does indicate the patient has had persistent pain that has been unresolved with surgical intervention, physical therapy, medications and injections. However, California Medical Treatment Utilization Schedule does not recommend the use of lidocaine in a topical formulation of a cream or gel. This formulation of lidocaine is not FDA approved to treat neuropathic pain. California Medical Treatment Utilization Schedule states that any compounded medication that contains at least one drug (or drug class) that is not recommended is not supported by guideline recommendations.