

Case Number:	CM13-0046700		
Date Assigned:	12/27/2013	Date of Injury:	06/20/2011
Decision Date:	04/24/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/01/2013

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 Anesthesia has a subspecialty in Acupuncture & Pain Medicine 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 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 56 year old injured worker with date of injury 6/20/11. Injuries to his left shoulder, right wrist, and left elbow resulted in a course of conservative care, surgical intervention of the left shoulder occurred 7/13/11 in the form of a surgical arthroscopy, labral debridement, subacromial decompression and open full thickness rotator cuff repair. Following this, the injured worker was treated with physical therapy and activity restrictions. An MRI of the shoulder from 7/2012 showed a SLAP lesion, a small joint effusion, glenohumeral change and moderate rotator cuff tendinosis with post operative changes noted. Per 9/12/13 progress report, he has continued a home exercise program with light weightlifting and stretching routines.

IMR ISSUES, DECISIONS AND RATIONALES

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

#1 TEROGIN PAIN PATCH BOX (10 PATCH): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25,60,105,111-113.

Decision rationale: Terocin is capsaicin, lidocaine, menthol, methyl salicylate, and boswellia serrata. According to the MTUS Chronic Pain Medical Treatment Guidelines, "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." However, the other ingredients in Terocin are not indicated. The preponderance of evidence indicates that overall this medication is not medically necessary. Furthermore the MTUS state "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request for 1 Terocin pain patch box (10 patch) is not medically necessary and appropriate.