

<b>Case Number:</b>	CM13-0048741		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/17/2002
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Anesthesiology, and is licensed to practice in 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 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 71-year-old female who reported an injury on 04/17/2002. The patient is diagnosed with left shoulder impingement, status post distal clavicle excision, right shoulder impingement with positive rotator cuff tear, and neck pain due to strain. The patient was seen by [REDACTED] on 12/05/2013. The patient reported 7/10 neck and bilateral shoulder pain. Physical examination revealed no acute distress and normal cervical range of motion. Treatment recommendations included continuation of current medication including Terocin patch, LidoPro cream, Protonix, and naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. As per the documentation submitted, there is no evidence of neuropathic pain upon physical examination. There is also no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Furthermore, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**LidoPro cream 4 oz:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of neuropathic pain upon physical examination. There is also no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Furthermore, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**12 chiropractic sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. As per the documentation submitted, there was no evidence of a significant musculoskeletal or neurological deficit upon physical examination. Furthermore, the request for 12 sessions of chiropractic therapy exceeds guideline recommendations for a total duration of treatment. Based on the clinical information received and the California MTUS Guidelines, the request, is non-certified.