

<b>Case Number:</b>	CM13-0051124		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/27/2004
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 General Preventative Medicine, and is licensed to practice in Indiana. 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 employee is a 48 year old male who sustained a work-related injury 10 years ago. As a result of this injury, he has been diagnosed with right shoulder rotator cuff tear, right shoulder SLAP lesion, right shoulder impingement syndrome, right shoulder subacromial bursitis, and right shoulder arthralgia. He had a surgical intervention, but he continues to have pain. He is currently doing a home exercise program and taking several medications for pain, including Norco, Ketoprofen, and Terocin cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN PAIN PATCH BOX #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** Terocin is composed of Capsaicin, Methyl Salicylate, Menthol, and Lidocaine. According to the above cited guidelines, topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or

gels) are indicated for neuropathic pain. Lidocaine is not recommended for non-neuropathic pain. Therefore, the request is not medically necessary.

**HYDROCODONE/APAP (NORCO) 5.325 MG #225:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**Decision rationale:** The above cited guidelines do not recommend continued opioid medications in the absence of pain relief or objective improvement. The employee is reporting 6-8/10 pain while on Norco. There is no documentation of any functional improvement with Norco, nor is there is indication of a return-to-work status. Therefore, the request is not medically necessary.

**OMEPRAZOLE (PRILOSEC) 20 MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-70.

**Decision rationale:** The above cited guidelines require GI complication risk stratification to dictate which class of NSAIDS to prescribe and if a proton-pump inhibitor like Prilosec is indicated. For this employee, there is no medical evidence of an increased risk of upper GI complications. Therefore, the request is not medically necessary.