

Case Number:	CM13-0051149		
Date Assigned:	12/27/2013	Date of Injury:	08/11/2008
Decision Date:	08/11/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/25/2013

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 60 year old man with a date of injury of 8/11/08. He was seen by his physician on 9/23/13 complaining of right shoulder pain. He is status post arthroscopic surgery in 2011 and 2013. His pain was unchanged and he stated the pain patch was helpful as oral antiinflammatory medications upset his stomach. He is using oxycodone and had constipation and stomach upset. His physical exam showed mild swelling across the trapezius muscle with abduction to 160 degrees, internal rotation to 40 degrees and external rotation to 50 degrees. His diagnosis was impingement syndrome status post decompression with two surgical repairs. At issue in the review are the prescriptions of terocin patch for pain, protonix to buffer the stomach and docuprene for constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, page(s) 56-57 and 111-113 Page(s): 56-57 and 111-113.

Decision rationale: Terocin includes topical lidocaine and menthol. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The medical records do not support medical necessity for the prescription of terocin in this injured worker as he does not have post-herpetic neuralgia and there is little evidence to support its use. Therefore, the request is not medically necessary.