

Case Number:	CM13-0057404		
Date Assigned:	12/30/2013	Date of Injury:	06/26/2007
Decision Date:	04/03/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 43-year-old male who reported injury on 06/26/2007. The mechanism of injury was a motor vehicle accident. The date of service in question was noted to be 08/23/2012. Subjectively, the patient was having increased symptoms in his shoulder with no history of new trauma or injuries. It was indicated the patient had multiple shoulder surgeries with an initial partial tearing, status post decompression, Mumford procedure, and lysis of scar tissue. The physical examination revealed the patient had limited range of motion with forward elevation past 90 degrees. The patient had 4/5 weakness due to pain in the supraspinatus region. The patient had tenderness and pain on palpation over the anterior lateral shoulder in the area of the rotator cuff. The impression and diagnoses were noted to be right shoulder impingement syndrome. The recommendations were a cortisone injection and a topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin for the cervical spine: 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 Topical Salicylate Section, Topical Analgesic Section, Topical Capsaicin Section, Lidocaine Sect. Decision based on Non-MTUS Citation Drugs Website

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...Lidocaine... Lidoderm...No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The California MTUS guidelines recommend treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing Capsaicin / Lidocaine / Menthol / Methyl Salicylate. The clinical documentation submitted for review failed to indicate the patient had neuropathic pain and that trials of antidepressants and anticonvulsants had failed. There was a lack of documentation indicating the patient had not responded or was intolerant to other treatments. There was a lack of documentation of exceptional factors to support the use of the medication. There was a lack of documentation indicating if the patient had used the medication previously. The request as submitted failed to indicate a quantity of medication being requested. Given the above, the request for retrospective request for Terocin, for the cervical spine DOS: 8/23/2012 is not medically necessary.