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| Case Number: | CM13-0058207 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 01/16/2002 |
| Decision Date: | 04/03/2014 | UR Denial Date: | 11/19/2013 |
| Priority: | Standard | Application Received: | 11/26/2013 |

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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim chronic shoulder pain reportedly associated with an industrial injury of January 16, 2012. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; topical compounds; prior shoulder arthroscopy; and extensive periods of time off of work. In a Utilization Review Report of November 19, 2013, the claims administrator denied a request for topical compounded Terocin lotion. The applicant's attorney subsequently appealed. An earlier note of October 29, 2013 is notable for comments that the applicant reports persistent shoulder pain with some itching present about the scar. A rather proscriptive 20-pound lifting limitation is endorsed. The applicant has apparently retired. Ultracet, Naprosyn, and Dendracin lotion are endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL DENDRACINE LOTION 120ML, TO BE APPLIED LOCALLY Q.I.D FOR PAIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, the applicant is using several first-line oral pharmaceuticals, including Ultracet and Naprosyn, effectively obviating the need for topical compounds such as Terocin which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is not certified, on Independent Medical Review.