

Case Number:	CM13-0070301		
Date Assigned:	01/03/2014	Date of Injury:	06/09/2011
Decision Date:	06/10/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/24/2013

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 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 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:

According to the records made available for review, this is a 43-year-old male with a 6/9/11 date of injury. At the time (12/5/13) of request for authorization for Terocin patch #10, there is documentation of subjective (left shoulder and left hip pain) and objective (left shoulder tenderness at the subacromial space and acromioclavicular joint, positive impingement, and pain with terminal motion, and residual weakness; lumbar spine tenderness, pain with terminal motion, positive seated nerve root test, and dysesthesias in the L5 and S1 dermatomes; left hip tenderness, positive Fabere and Trendelenburg, and pain with hip rotation) findings, current diagnoses (lumbar discopathy, degenerative joint disease left hip, and left shoulder impingement syndrome with partial rotator cuff tear), and treatment to date (physical therapy, medications, and activity modification).

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCH # 10: Upheld

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

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

Decision rationale: Terocin patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar discopathy, degenerative joint disease left hip, and left shoulder impingement syndrome with partial rotator cuff tear. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Terocin patch #10 is not medically necessary.