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| <b>Case Number:</b>   | CM13-0070651 |                              |            |
| <b>Date Assigned:</b> | 01/08/2014   | <b>Date of Injury:</b>       | 02/15/2010 |
| <b>Decision Date:</b> | 05/22/2014   | <b>UR Denial Date:</b>       | 12/18/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/26/2013 |

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 43 year old male with date of injury 2/15/10. The mechanism of injury is described as hurting his shoulder while moving a heavy piece of furniture. The patient has complained of right shoulder pain since the date of injury. He has been treated with physical therapy, occupational therapy and medications. MR arthrogram of the right shoulder performed 05/2013 revealed a SLAP tear and biceps tendinosis. Objective: decreased range of motion of the right shoulder, tenderness to palpation of the right anterior shoulder, positive grind test right shoulder. Diagnoses: right shoulder labrum tear, partial biceps tendon tear and tendinosis. Treatment plan and request: Terocin

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF TEROGIN #1 DOS:12/3/13:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** This 43 year old male has complained of right shoulder pain since date of injury 2/5/2010. He has been treated with medications, occupational therapy and physical therapy. The current request is for Terocin. Per the MTUS guideline cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no documentation in the available medical records to support a diagnosis of neuropathic pain. On the basis of the MTUS guidelines cited above, Terocin is not indicated as medically necessary.