

Case Number:	CM13-0070720		
Date Assigned:	01/08/2014	Date of Injury:	07/10/2010
Decision Date:	04/21/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of July 10, 2010. A utilization review determination dated December 9, 2013 recommends non-certification of retro Terocin topical cream. A progress report dated November 18, 2013 identifies a subjective complaints indicating that the patient's shoulder symptoms have improved following a steroid injection. Objective examination identifies full shoulder elevation bilaterally with pain at the end range of motion. Diagnoses include bilateral shoulder rotator cuff tendon gnosis with a partial thickness rotator cuff tear on the right status post right shoulder arthroscopy. The treatment plant recommends physical therapy visits and continuing medication including a Relafen and Prilosec due to gastritis. Additionally, Terocin cream is recommended for topical use. A note dated October 8, 2013 indicates that Terocin cream is recommended as part of the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR TEROGIN TOPICAL CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. Chronic Pain Medical Treatment Guidelines states that any compounded product that contains at least one drug or drug class that is not supported is not recommended. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical non-steroidal anti-inflammatory (NSAIDs) have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral non-steroidal anti-inflammatory (NSAIDs). Oral non-steroidal anti-inflammatory (NSAIDs) have significantly more guideline support compared with topical non-steroidal anti-inflammatory (NSAIDs). Additionally, there is no indication that the topical non-steroidal anti-inflammatory (NSAID) is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Terocin is not medically necessary.