

<b>Case Number:</b>	CM14-0002855		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 & Rehabilitation, 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:

The injured worker is a 30-year-old female who reported an injury on 07/03/2013 due to an unknown mechanism. The clinical note dated 01/06/2014, indicated diagnoses of left rotator cuff tendonitis and impingement syndrome. The injured worker reported improvement with her physical therapy to the left shoulder and had continued physical therapy and treatment for her cervical and lumbar spine sustained in a motor vehicle accident on October 31, 2013. On physical exam, there was tenderness to palpation in the upper, mid and lower paravertebral and trapezius muscle. The range of motion flexion was 30 degrees, with 45 degrees of right lateral bending, 45 degrees of left lateral bending, 40 degrees of right lateral rotation, 40 degrees of left lateral rotation and 30 degrees of extension. The injured worker had increased pain with cervical motion. The injured worker had tenderness to palpation over the anterior rotator cuff. There was mild acromioclavicular (AC) joint and bicipital tenderness without irritability. The injured worker had a positive impingement and grind sign. There was grade 4/5 rotator cuff/deltoid/bicep strength. The shoulder range of motion was 170 degrees of flexion, 165 degrees of abduction, 45 degrees of extension, 60 degrees of external rotation, 55 degrees of internal rotation and 40 degrees of adduction. The injured worker's medication regimen included Norco, Naprosyn, Protonix and Terocin patches. The request for authorization was submitted on 12/18/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED PHYSICAL THERAPY TWO(2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE LEFT SHOULDER: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND ED., CHAPTER 9. OFFICIAL DISABILITY GUIDELINES (ODG), PHYSICAL THERAPY.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker completed 15 sessions of physical therapy. The guidelines support 10 visits for rotator cuff /impingement syndrome; therefore, the request for an additional 12 weeks exceeds the guideline recommendations. The efficacy of the prior therapy was unclear. Therefore, the request for physical therapy two (2) times a week for six (6) weeks for the left shoulder is non-certified.

**TEROCIN PATCHES #10: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111

**Decision rationale:** The Terocin patch ingredients include menthol 4% and lidocaine 4%. The Chronic Pain Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA (Food and Drug Administration) for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The terocin patch contains lidocaine; however, the guidelines do not recommend the use of topical Lidocaine in forms other than Lidoderm. Therefore, according to the guidelines, the request for Terocin patches quantity 10 is non-certified.

