MAXIMUS Federal Services

Case Number:	CM14-0006096		
Date Assigned:	03/03/2014	Date of Injury:	08/17/1991
Decision Date:	06/30/2014	UR Denial Date:	12/25/2013
Priority:	Standard	Application Received:	01/13/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 73-year-old male with date of injury 08/17/1991. According to the report 08/13/2013, the patient has severe pain in neck, left shoulder, left arm, burning pain in neck and shoulder. The patient has numbness, achiness, burning pain radiating down medially to left arm. Pain is at 7/10 with medication and 10/10 without medications. The patient is taking naproxen, omeprazole, and Terocin ointment, and medications do help with some of his pain, help to decrease the stomach upset he has from the medications. The patient has tightness and spasms to his neck and shoulder area. The patient is currently awaiting authorization for electrodiagnostic studies of the upper extremities. Recommendation was for aqua therapy for him, which was denied and refills of medications. The listed diagnostic impressions are neck pain, probable cervical discogenic and facetogenic pain, upper extremity paresthesia, left shoulder pain, left shoulder impingement, myofascial pain. The request for topical cream was denied by utilization review letter 12/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE TEROCIN CREAM FOR THE CERVICAL SPINE AND LEFT SHOULDER, DATE OF SERVICE 8/13/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, PAGE 111.

Decision rationale: This patient presents with chronic neck and shoulder pain with the listed diagnoses of discogenic and facetogenic shoulder impingement and myofascial pain. The request is for retrospective Terocin cream. Terocin cream contains methyl salicylate, capsaicin, menthol, and lidocaine. The MTUS Chronic Pain Guidelines have specific discussion regarding compounded topical creams. It states that if one of the components is not recommended then the entire compounded product is not recommended. In this case, methyl salicylate, a topical NSAID (non-steroidal antiinflmmatory drug), is indicated for peripheral joint arthritis and tendinitis condition which this patient does not present with. The guidelines specifically recommend against topical NSAIDs for axial spinal pain or shoulder or hip joint pains, but it is recommended for peripheral joints such as elbows and knees. The guidelines also do not support lidocaine in any other formulation than patches. In this case, neither salicylate nor lidocaine contained in the Terocin cream is indicated. The request is not medically necessary.