

Case Number:	CM14-0007047		
Date Assigned:	02/07/2014	Date of Injury:	11/10/2009
Decision Date:	06/20/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/15/2014

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 Orthopedic Surgery 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 record notes a 72-year-old individual with a date of injury of December 6, 2012. The mechanism of injury is not disclosed. A progress note dated April 4, 2013 is provided for review in support of the above noted request indicating that the claimant presents with right shoulder pain, rated 2/10 with certain motions. The pain does not radiate and no numbness is present in the arm, just the bilateral hands from CTS. The upper back symptoms are controlled. The low back pain continues. The claimant has been taking Norco and Lyrica for pain. He is not working. An MRI of the shoulder is pending. Physical examination reveals pain with range of motion of the right shoulder, and difficulty with external rotation. Neurovascular and motor testing is intact. There are no neurologic deficits noted. The diagnosis includes right shoulder/trapezius strain and chronic cervical and low back pain. Treatment recommendations are for continued pharmacotherapy, heat therapy, a muscle rub, MRI of the right shoulder, and modified work. Follow-up in one week is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN: 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, SALICYLATE TOPICALS, 105, 112-113

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

Decision rationale: Terocin topical pain lotion is a topical analgesic ointment containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The MTUS notes that the use of topical medications is largely experimental and there have been few randomized controlled trials. It further goes on to note that topical lidocaine is a secondary option only when trials of antiepileptic drugs or antidepressants have failed. Additionally, the medical record provides no documentation of failure or intolerance to antiepileptic or antidepressant medications. When noting that some of the ingredients in this topical analgesic ointment are not supported by the guidelines for topical use, and that the MTUS notes that when a single component of the compounded medication is not indicated the entire medication is not indicated, this request is considered not medically necessary.