

Case Number:	CM14-0007673		
Date Assigned:	04/30/2014	Date of Injury:	06/24/2013
Decision Date:	10/08/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/21/2014

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, and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 47 year old female who sustained a work injury on 6-24-13. On this date, a heavy door closed and hit her right shoulder. The claimant has been treated with medications and physical therapy. The claimant failed these forms of treatment. On 11-25-13 it was noted the claimant was started on Naproxen, topical Terocin and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin #120 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter - topical analgesics

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting

that this claimant cannot tolerate oral medications or that she has failed first line of treatment or that she has neuropathic pain. Therefore the medical necessity of this request is not established.