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| Case Number: | CM14-0103010 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 05/09/2011 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 06/11/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

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:

The patient is a 40 year old with an injury date on 5/9/11. Patient complains of severe cervical pain with radicular symptoms into bilateral upper extremities, and bilateral shoulder stiffness per 6/2/14 report. Patient is unable to sleep due to pain per 6/2/14 report. The 5/5/14 report states the symptoms have not changed since last visit, and no treatments were authorized. Based on the 6/2/14 progress report, the diagnoses are: 1. bilateral shoulder impingement 2. left rotator cuff (RC) tendinitis 3. cervical thoracic outlet syndrome (TOS) Exam on 6/2/14 showed "decreased range of motion of C-spine with spasms. Positive impingement of bilateral shoulders." Provider is requesting one prescription for terocin lotion between 6/3/14 and 9/7/14. The utilization review determination being challenged is dated 6/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Terocin lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine Salicylate topicals Page(s): 111-113, 105.

Decision rationale: This patient presents with neck pain radiating to arms and bilateral shoulder pain. The treater has asked for one prescription for terocin lotion between 6/3/14 and 9/7/14 according to 6/2/14 report. Regarding topical lidocaine, MTUS recommends it for "localized peripheral pain," and for neuropathic pain, after other agents have been tried and failed. MTUS specifically states that only the dermal patch form of lidocaine is indicated. In this case, the requested lotion form of lidocaine is not indicated per MTUS guidelines.