

<b>Case Number:</b>	CM14-0105299		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/13/2008
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 13, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier shoulder surgeries; and extensive periods of time off of work. In a Utilization Review Report dated June 30, 2014, the claims administrator retrospectively denied a request for Terocin. The applicant's attorney subsequently appealed. In an April 2, 2014 progress note, handwritten, sparse, and not entirely legible; the applicant reported 6-8/10 shoulder pain. Painful range of motion is noted. The applicant was asked to continue current medications at home and exercise. Surgical consultation was sought while the applicant was placed off of work, on total temporary disability. In an earlier note dated February 19, 2014, the applicant was asked to continue topical compounds and remain off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patches for treatment of left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines terocin patch.

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

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesic and topical compounds such as Terocin are considered "largely experimental." In this case, the applicant has already received the Terocin compound at issue, despite the unfavorable MTUS position on the same. The applicant has, however, failed to demonstrate any lasting benefit through ongoing usage of the same. The applicant remains off of work, on total temporary disability. Significant shoulder pain complaints and associated impairment persists. All the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite prior use of Terocin. Therefore, the request was not medically necessary.