

Case Number:	CM14-0122681		
Date Assigned:	09/16/2014	Date of Injury:	08/02/2012
Decision Date:	12/12/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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 Internal Medicine; has a subspecialty in Nephrology 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 62-year-old male who has submitted a claim for gastritis / GERD with past findings of Barrett's type esophagus, right shoulder large retracted rotator cuff tear, and left shoulder status post arthroscopy and rotator cuff repair associated with an industrial injury date of 8/2/2012. Medical records from 2014 were reviewed. The patient complained of persistent right shoulder pain. He experienced difficulty in standing, sitting, grocery shopping and when doing light house work. He was advised to undergo rotator cuff repair. Physical examination of the right shoulder showed tenderness and weakness rated 3/5. Range of motion was within normal limits. Stiffness and spasm were likewise noted. Treatment to date has included left shoulder surgery, physical therapy, and medications such as NSAIDs, Vicodin, omeprazole, and topical cream. The utilization review from 7/18/2014 denied the request for retrospective prescription drug, generic new Terocin lotion (duration and frequency unknown) because of limited published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Prescription Drug, Generic New Terocin Lotion (duration and frequency unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Salicylate, Topical Analgesics Page(s): 111-113, 105, 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: Terocin lotion contains: methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. According to the guideline, topical salicylate is significantly better than placebo in chronic pain. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, the patient complained of persistent right shoulder pain. He experienced difficulty in standing, sitting, grocery shopping and when doing light house work. He was advised to undergo rotator cuff repair. Physical examination of the right shoulder showed tenderness and weakness rated 3/5. Range of motion was within normal limits. Stiffness and spasm were likewise noted. Patient has a known gastritis / GERD with past findings of Barrett's type esophagus, hence this request for adjuvant therapy with Terocin lotion. However, the guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for topical use. There is no discussion concerning need for variance from the guidelines. Therefore, the request for retrospective prescription drug, generic new Terocin lotion (duration and frequency unknown) is not medically necessary.