

Case Number:	CM14-0124053		
Date Assigned:	08/08/2014	Date of Injury:	04/19/2010
Decision Date:	09/11/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/06/2014

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 Surgeon 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 injured worker is a 51-year-old female who reported an injury on 04/19/2010. The mechanism of injury reportedly occurred when a child pushed and jerked the injured worker's right arm as she held onto the swing chain. The diagnoses included limited range of motion of the right shoulder, right shoulder internal derangement, rule out disc herniation of the cervical spine. Previous treatments included medication, injections, and a TENS unit. Diagnostic testing included an MRI. Within the clinical note dated 05/28/2014, it was reported the injured worker complained of right shoulder pain, which radiated to the upper extremity and from the cervical region. She complained of weakness, numbness, and tingling that radiated to the right hand. She reported the pain on the right shoulder and right elbow with crepitation on range of motion. She rated her pain 8/10 in severity. On the physical examination, the provider noted the injured worker had radiating pain. The provider noted the injured worker's signs and symptoms were consistent with increased inflammation with moderate to increasing severe pain. The provider noted the shoulders appeared to be symmetrical on the right side. The provider noted pain on palpation over the spinous process, and there was increased tone in the right and left trapezius with point tenderness in form of severe myofascial pain and deep palpation with severe guarding. The range of motion of the cervical spine was forward flexion at 35 degrees, and extension at 35 degrees. The provider requested Terocin Patch; however, rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 4%-4% PS #30, per 07/21/14 Rx: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Lidocaine Indication, Capsaicin, Salicylate topicals Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-12.

Decision rationale: The California MTUS Guidelines note Topical NSAIDs are recommended for the use of osteoarthritis and tendonitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is a lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication since at least 05/2014, which exceeds the guidelines' recommendation of short-term use of 4-12 weeks. Therefore, the request for Terocin 4%-4% PS #30 is not medically necessary.