

Case Number:	CM14-0154678		
Date Assigned:	09/24/2014	Date of Injury:	03/17/2011
Decision Date:	10/27/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Tennessee. 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:

This 36 year old injured worker had a date of injury on 3/17/2011. The mechanism of injury was not getting enough breaks and doing repetitive work. In a progress noted dated 8/27/2014, the injured worker complains of intermittent pain in left shoulder. She reports pain, tingling, itching, heat and cold sensations to her left wrist and last 3 digits. On a physical exam dated 8/27/2014, movements are painful with abduction beyond 90 degrees on left shoulder. There is pain over the left lateral epicondyle and pain over the insertion of the triceps tendon and extension muscles of left forearm. The diagnostic impression shows pain in joint of shoulder, sprains and strains of shoulder and upper arm. Treatment to date: medication therapy, behavioral modification, TENS unit. A UR decision dated 8/27/2014 denied the request for Terocin 1 bottle, stating that there was no documentation that shows anything else has been tried that has been effective or less effective, and she is on anti-inflammatories as well as Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 1 Bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: CA MTUS states that any "compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin is a Topical Pain Relief Lotion containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%." While guidelines would support a capsaicin formulation, the above compounded topical medication is not recommended. However, a specific rationale identifying why Terocin would be required in this injured worker despite lack of guidelines support was not identified. In the 8/27/2014 progress report, the injured worker is noted to be on Norco sparingly and TENS unit to control pain. Therefore, the request for Terocin 1 bottle was not medically necessary.