

Case Number:	CM14-0155185		
Date Assigned:	09/25/2014	Date of Injury:	08/12/2012
Decision Date:	10/27/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/23/2014

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:

This is a 53-year-old female with an 8/12/12 date of injury. The mechanism of injury involved the lifting of heavy crates, which caused a sharp pain in her upper back, radiating to the right shoulder and neck. The patient was most recently seen by a physician on 7/19/14, when the patient complained of a persistent right shoulder pain and bilateral wrist pain. Exam findings revealed tenderness upon palpation of the right shoulder, sternoclavicular and acromioclavicular joints, supraspinatus, and the greater tuberosity. There was limited range of motion of the right shoulder in all directions. There were no sensory deficits, and the Neer's, Hawkin's, and Codman's tests were all negative. It was noted that an MRI dated 4/11/14 showed a right shoulder bursitis with a supraspinatus tendinitis. A nerve conduction study and an electromyography dated 2/25/14 were negative. The patient's diagnoses included subacromial bursitis, adhesive capsulitis, and supraspinatus tendinitis of the right shoulder, in addition to bilateral wrist sprain/strain. The patient's medications included naproxen, Flurbi (Nap) cream-LA-180gm, Gabacyclotram, and Terocin patches. The documentation noted that the patient's previous medications included cyclobenzaprine. Treatment to date: medications, acupuncture, physical therapy, chiropractic care, extracorporeal shockwave treatment, TENS unit, heat. An adverse determination was received on 8/19/14. The non-certification of Flurbi (Nap) cream-LA 180gm was due to the lack of documentation indicating that the patient's symptoms were not being managed sufficiently by her current medications, in addition to any documentation of failed trials of first-line recommendations (oral antidepressants and anticonvulsants). The non-certification of Terocin patches was due to the lack of documentation indicating intolerance to oral pain medication, requiring an alternative treatment in the form of topical analgesic. Furthermore, there was no documentation of failed trials of antidepressants and anticonvulsants.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES #30: 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): (page 112).

Decision rationale: MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This patient complained of persistent right shoulder and bilateral wrist pain since her injury in 2012. The documentation indicated that the patient was on naproxen, Flurbi (Nap) cream, Gabacyclotram, and Terocin patches. Previous medications included cyclobenzaprine. There was insufficient documentation indicating prior trials of first-line therapy (i.e. tri-cyclic or SNRI anti-depressants). In addition, there was no documentation of any contraindications the patient had to these first-line treatment options which would require the use of Terocin patches. Therefore, it was unclear what the rationale was for the use of Terocin patches. Furthermore, there was insufficient documentation indicating significant improvement in pain level (i.e. VAS) or functional gains in the patient while on Terocin patches to support deviating from guideline recommendations. Therefore, the request for Terocin patches, #30, was not medically necessary.