

Case Number:	CM14-0167257		
Date Assigned:	10/14/2014	Date of Injury:	08/30/2007
Decision Date:	11/17/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/09/2014

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 Physical Medicine and Rehabilitation 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 53 year-old patient had an injury on 8/30/07 from slipping while walking down some steps sustaining a right shoulder dislocation. Request(s) under consideration include Lidopro ointment 121gm x2 bottles and Terocin patches No. 10 #30. Diagnoses include Shoulder Adhesive Capsulitis. Report of 5/28/14 from the provider noted the patient with ongoing chronic shoulder symptoms with pain rated at 4-5/10; Narcotic medication was utilized for management of pain. Exam of the right shoulder showed range with abduction at 180 degrees. Treatment included medication refills. Report of 8/25/14 from the provider noted unchanged symptoms in the shoulder; the patient uses TENS (Transcutaneous Electrical Neural Stimulation) unit and cold/hot wraps which help. There is past medical history of Hypertension. Exam showed "abduction is satisfactory; Grade 5- strength; mild tenderness; negative impingement sign." Treatment included medications of Norco and topical compound creams. The request(s) for Lidopro ointment 121gm x2 bottles and Terocin patches No. 10 #30 were non-certified on 9/12/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 121gm x2 bottles: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2007 without documented functional improvement from treatment already rendered. The Lidopro ointment 121gm x2 bottles are not medically necessary and appropriate.

Terocin patches No. 10 #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 Topical Analgesics Page(s): 111-113.

Decision rationale: The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrata, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswellia Serrata and topical Lidocaine are specifically "not recommended" per MTUS. Per FDA, topical Lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. In addition, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic 2007 injury nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications as the patient continues to be prescribed oral medication including Norco. The Terocin patches No. 10 #30 are not medically necessary and appropriate.