

Case Number:	CM14-0182365		
Date Assigned:	11/07/2014	Date of Injury:	02/13/2013
Decision Date:	12/12/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/03/2014

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 Management 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 is a 30-year-old male with a 2/13/13 date of injury. The patient underwent a left shoulder surgery on 5/31/13. The patient was seen on 8/27/14 with complaints of 0-3/10 pain in the left shoulder, occasional fatigue of the left shoulder and occasional tightness in the left upper trapezial region. The patient has been noted to utilize Fexmid 7.5 mg, Methoderm lotion and Medrox patches. Exam findings revealed tenderness to palpation over the left AC joint in the superior aspect of the left scapula. The left shoulder range of motion was: flexion and abduction were 180 degrees and internal and external rotation were 90 degrees. The diagnosis is status post left shoulder surgery. Treatment to date: left shoulder surgery, messages, work restrictions, PT, Medrox patches topical creams and medications. An adverse determination was received on 10/18/14 given that there was a lack of documentation that the patient could not use an over the counter topical agent and that the patient was using multiple topical treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Terocin Patch Page(s): 112.

Decision rationale: Terocin Patch contains 4% lidocaine and 4% menthol. CA 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). However there is a lack of documentation indication that the patient tried and failed first line oral medications for neuropathic pain. In addition, the patient has been noted to utilize Methoderm lotion and Medrox patches and there is no rationale with regards to the necessity for Terocin patch for the patient. Therefore, the request for Terocin patch is not medically necessary.