

Case Number:	CM14-0024805		
Date Assigned:	06/11/2014	Date of Injury:	07/10/2010
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/26/2014

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 & Rehabilitation, has a subspecialty in Sports 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:

The injured worker is a 36 year old female who reported an injury on 07/10/2010 due to repetitious lifting and reaching activities. The injured worker is post-operative right shoulder arthroscopy. The injured worker complained that the left shoulder bothered her while she slept and that the right shoulder was starting to feel looser. The injured worker states that the shot did not help the left shoulder. No measurable pain was reported. Physical examination revealed forward elevation of the right shoulder to be full with discomfort at end range and left shoulder to be 150 degrees with discomfort at end range. Abduction of the shoulder on the right was 150 degrees and left was 140 degrees with discomfort. Internal rotation adduction was to lumbar bilaterally. The injured worker has a diagnosis of bilateral rotator cuff tendinosis. Treatment received has been epidural steroid injections (ESI), physical therapy and medications. Medications to include Nabumetone 750mg 1 tablet daily, omeprazole 20mg 1 capsule daily, Meloxicam 15mg 1 tablet daily and Tylenol. There was no duration or dosage on Tylenol listed. The treatment plan is for terocin cream. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The request for terocin cream is not medically necessary. The injured worker has a history of bilateral shoulder pain. California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trails to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin cream contains Lidocaine 4 % and Menthol 4%. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed cream contains Lidocaine. Furthermore, there is a lack of subjective complaints of neuropathic pain. There is also no rationale as to why the injured worker would require a topical cream instead of oral medications. The dose and frequency for the proposed medication were not provided. As Terocin cream contains Lidocaine which is not recommended, the proposed compounded product is not recommended. As such, the request for TEROGIN CREAM is not medically necessary.