

Case Number:	CM14-0024850		
Date Assigned:	07/02/2014	Date of Injury:	07/08/2008
Decision Date:	09/12/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/27/2014

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 Texas and Ohio. 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 44-year-old female who reported an injury on 07/08/2008. The mechanism of injury was not provided within the documentation submitted for review. The injured worker's diagnosis was noted to be right shoulder subacromial bursitis and right shoulder impingement. Prior treatments were noted to be medications and home exercise. The injured worker was noted to have x-ray and MRI of the right shoulder. She indicated subjective complaints of right shoulder pain with limitations of activities of daily living and she also complained of recent anxiety attacks. The objective physical exam findings were noted to be some tenderness to palpation about the cervical spine with limited motion. Tenderness to palpation over the AC joint with direct palpation and pain in the AC joint with cross arm testing of the right shoulder. Treatment plan includes a followup appointment in 12 weeks to re-evaluate and assess ongoing pain management. The provider's rationale for the request was noted within the Request for Authorization Form which was dated 12/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

#2 TEROGIN PAIN PATCH BOX (10 PATCHES): 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): 111-112.

Decision rationale: The request for 2 Terocin pain patch boxes (10 patches) is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Terocin patches contain topical salicylate and lidocaine. The guidelines state no other commercially approved topical formulation of lidocaine, whether creams, lotions, or gels are indicated for neuropathic pain besides Lidoderm. As Terocin would contain lidocaine and not be recommended by the guidelines, the entire patch is not recommended according to the guidelines. In addition, the documentation submitted for review fails to indicate a failed trial of antidepressants or anticonvulsants. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for 2 Terocin pain patch boxes (10 patches) is not medically necessary.