

<b>Case Number:</b>	CM14-0028415		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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, Pain Medicine and is licensed to practice in Texas. 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 53 year old female who sustained an injury on 08/17/12. No specific mechanism of injury was noted. The injured worker was followed for ongoing complaints of right shoulder pain following an extensive rotator cuff repair. The injured worker continued to be followed for ongoing right shoulder pain and had been treated with physical therapy and multiple medications including Flexeril Norco Ibuprofen and Terocin patches. The clinical record from 02/14/14 noted ongoing severe pain in the right shoulder. The injured worker felt that due to increased pain she was unable to tolerate her exercise program. Pain scores were as high as 8/10 on VAS that was reduced to 5/10 with medications. The injured worker was also utilizing a TENS unit. On physical examination there was mild weakness on strength testing of the right shoulder. Range of motion was limited on flexion and abduction. An updated MRI was recommended. The injured worker was prescribed a topical Terocin ointment to address myofascial tenderness in the right shoulder. Follow up on 03/11/14 indicated the injured worker had substantial improvement with Terocin. The injured worker also reported benefits from Flexeril; however, the injured worker continued to note sleep difficulty. With medications the pain score was as low as 4/10. The injured worker was ultimately recommended for surgical further surgical intervention and underwent right shoulder rotator cuff repair revision with limited labral debridement and subacromial decompression on 05/23/14. The requested Terocin 120mL was denied by utilization review on 02/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN 120ML:** Overturned

**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:** Terocin contains capsaicin which can be considered an option in the treatment of neuropathic pain symptoms that fails conservative efforts including antidepressants or anticonvulsants. In this case the injured worker was provided Terocin to address myofascial tenderness in the right shoulder following surgical intervention. Although utilized off label in this case, Terocin ointment provided the injured worker with a substantial amount of pain relief more than 50% based on the clinical documentation submitted for review. Therefore, the request for Terocin 120 ml is medically necessary and appropriate.