

Case Number:	CM14-0041477		
Date Assigned:	06/27/2014	Date of Injury:	05/12/2010
Decision Date:	08/05/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/07/2014

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 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:

According to the records made available for review, this is a 70-year-old female with a 5/12/10 date of injury. She is status post bilateral shoulder surgery with a diagnostic arthroscopy, subacromial decompression, partial acromioplasty, distal clavical excision, rotator cuff repair on left shoulder as of 12/13/12 and right shoulder as of 10/31/13. At the time of the request, there is documentation of subjective complaints of intermittent right shoulder pain 6-7/10 and left shoulder pain 5-6/10, and objective findings of healed right shoulder wounds, and full right shoulder passive range of motion. Right shoulder active range of motion was forward flexion 95 degrees, and abduction 90 degrees. Left shoulder active range of motion was forward flexion 170 degrees and abduction 170 degrees. Current diagnoses include status post right and left shoulder surgery and treatment to date has been surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooleeze Gel 120 grams with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Cooleeze contains purified water, ricinus communis (castor), seed oil, glycerin (plant origin), sodium polyacrylate, polyacrylic acid, magnesium aluminometa silicate, P-hydroxybenzoic acid methyl ester, and P-hydroxybenzoic acid butyl ester. The MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control. Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As such, the request is not medically necessary.

Terocin lotion 120 grams with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Terocin lotion contains ingredients that include Lidocaine and Menthol. The MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of status post right and left shoulder surgery. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.