

Case Number:	CM14-0046103		
Date Assigned:	07/02/2014	Date of Injury:	08/20/2012
Decision Date:	08/20/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 Family Practice 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:

Claimant is a 46 year old male who sustained a work injury on 8/20/12 involving both shoulders. He was diagnosed with right shoulder impingement, supraspinatus tendonopathy, acromial joint arthritis and left shoulder impingement. A progress note on 1/7/17 indicated the claimant had pain, popping and clicking of the shoulders. He had used Tramadol for pain and Flexeril for spasms. Physical findings were noted for reduced abduction of the right and left upper extremities. The treating physician offered Terocin patches for pain relief along with Naproxen, Flexeril and Tramadol. A progress note on 4/11/14 indicated the claimant six out of 10 pain. He had used Tramadol for pain and Flexeril for spasms. Physical findings were noted for reduced abduction of the right upper extremity. The treating physician appealed for topical Terocin patches for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for terocin patches (duration unknown and frequency unknown) dispensed on 01/07/2014 for treatment of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines: Topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an Antiepileptic Drugs (AED) such as gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that has one drug the is not recommended is not recommended and therefore Terocin patches are not medically necessary.