

<b>Case Number:</b>	CM14-0051828		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/21/2010
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Nevada. 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 records presented for review indicate that this 52 year-old female was reportedly injured on 9/21/2010. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated 3/27/2014, indicates that there are ongoing complaints of left shoulder pain. Physical examination of the left shoulder demonstrated tenderness over anterolateral border of acromion and supraspinatus; no swelling; normal sensation; shoulder range of motion: IR 60, ER 75, extension 55, flexion 140, and abduction 90; negative sulcus sign; positive Hawkins-Kennedy impingement test; negative drop-arm test. No recent diagnostic imaging studies available for review. Previous treatment includes shoulder surgery, physical therapy, trigger point injections and medications. A request was made for Terocin DIS 4-4% #30, which was not certified in the utilization review on 3/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin DIS 4-4%, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 112.

**Decision rationale:** Terocin is a topical analgesic containing Lidocaine and Menthol. MTUS Guidelines support topical Lidocaine as a secondary option for neuropathic pain after a trial of an antiepileptic drug or anti-depressants has failed. There is no evidence-based recommendation or support for Menthol. MTUS Guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. As such, the request of Terocin DIS 4-4%, #30 is not medically necessary and appropriate.