

Case Number:	CM14-0054757		
Date Assigned:	07/07/2014	Date of Injury:	11/08/2011
Decision Date:	08/28/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/24/2014

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 Occupational Medicine 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:

The patient is a 62-year-old female who has submitted a claim for rotator cuff syndrome, status post left shoulder arthroscopy, bursectomy, and Mumford procedure (11/22/2013); associated with an industrial injury date of 11/08/2011. Medical records from 2013 to 2014 were reviewed and showed that patient complained of shoulder pain, graded 4/10. Physical examination showed findings were mostly handwritten and illegible. Treatment to date has included medications, physical therapy, and surgery as stated above.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retroactive request for pharmacy purchase of Terocin lotion (DOS 1/22/2014): 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 Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical salicylates.

Decision rationale: Terocin contains capsaicin 0.025%, lidocaine 2.50%, menthol 10%, and methyl salicylate 25%. As stated on pages 111 to 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized

controlled trials to determine efficacy or safety. They are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Regarding the menthol, methyl salicylate, and capsaicin components, MTUS does not cite specific provisions, but the Official Disability Guidelines (ODG) Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain may in rare instances cause serious burns. Regarding the lidocaine component, topical lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or AEDs such as gabapentin or Lyrica). In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient complains of shoulder pain despite medications, physical therapy, and surgery. However, the medical records failed to show evidence of failure of or intolerance to oral antidepressants or anticonvulsants. Moreover, the medical records submitted for review were mostly handwritten and illegible. Lastly, terocin lotion contains lidocaine, which is not recommended for topical use. Therefore, the retroactive request for pharmacy purchase of terocin lotion (DOS 1/22/2014) is not medically necessary and appropriate.