

<b>Case Number:</b>	CM14-0061875		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 74-year-old gentleman was reportedly injured on August 6, 2012. The mechanism of injury was falling forward on some steps. The most recent progress note, dated February 11, 2014, indicated that there were ongoing complaints of right shoulder tightness. The physical examination demonstrated tenderness over the cervical spine and decreased cervical spine range of motion. There was a normal upper extremity neurological examination. There was tenderness over the anterior right shoulder rotator cuff and biceps tendon as well as tenderness over the acromioclavicular joint. There was full right shoulder range of motion. Diagnostic imaging studies of the right shoulder indicated moderate supraspinatus articular fraying without a tear. There was also a degenerative tearing of the anterior inferior labrum, a remote osseous Bankart fracture deformity, glenohumeral joint arthrosis, biceps tendinosis, and moderate acromioclavicular joint arthrosis. Previous treatment included right shoulder surgery for a labral repair, physical therapy, acupuncture, SI joint injections, and chiropractic care. A request had been made for chiropractic treatment and Terocin patches and was not certified in the pre-authorization process on April 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment Two (2) times a week for Four (4) weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hip and Pelvis Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines treatment beyond 4 to 6 chiropractic visits should be documented with objective improvement in function. According to the appeal dated April 18, 2014, the injured employee has been stated to benefit from prior chiropractic care to include more independence and ability to perform activities of daily living. However, the guidelines also state that treatment beyond eight weeks should be continued at one treatment every other week until the patient has reached a plateau and maintenance treatments have been determined. As this request is for chiropractic treatment two times per week for four weeks, this request is not medically necessary.

**Terocin Patch #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** Terocin topical patches are a topical analgesic medication consisting of methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. The California MTUS notes that the use of topical medications is largely experimental and there have been few randomized controlled trials. It further goes on to note that topical lidocaine is a secondary option when trials of antiepileptic drugs or antidepressants have failed. According to the appeal dated April 18, 2014, the injured employee has indeed failed to improve with the usage of Neurontin. However, the guidelines specifically state that when a single component of the compounded medication is not indicated, the entire medication is not indicated. There is no peer-reviewed evidence-based medicine that indicates that menthol and methyl salicylate have any topical efficacy. Considering this, the request for terocin patches is not medically necessary.