

Case Number:	CM14-0067658		
Date Assigned:	07/11/2014	Date of Injury:	03/09/2009
Decision Date:	10/01/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/12/2014

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 Texas. 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:

Medical records reflect the claimant is a 46 year old male who sustained a work injury on 3-9-09 due to cumulative trauma to his shoulders. The claimant is status post right shoulder arthroscopy with rotator cuff repair and subacromial decompression on 1-27-12 and left shoulder arthroscopy with rotator cuff repair on 12-7-12 as well as left shoulder MUA on 5-13-13. Office visit on 3-13-14 notes the claimant continues with gradual improvement in his mobility and strength. He is getting close to where he hopefully can return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded topical medication, Terocin 4 oz (120 ml) with 2 refills: 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): 111-113.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting

that this claimant cannot tolerate oral medications or that he has failed first line of treatment. Therefore the medical necessity of this request is not established.