

Case Number:	CM14-0069948		
Date Assigned:	07/14/2014	Date of Injury:	01/28/2009
Decision Date:	08/21/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/15/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

This is a 44-year-old female who sustained injury on 01/28/2009 was attempting to open the school bus door to discharge students but the door was stuck. She tried hard to open the door and she felt pain in her right shoulder and upper back. Treatment history includes medication but otherwise unclear. A most recent progress report dated 03/25/2014 indicates that she is taking multiple medications for pain. The Tramadol did help her and she is also using the transdermal creams. Her stomach symptoms are improving. Objective findings include abdomen: Soft, obese, but tender in the epigastric area without rebound. No masses or organomegaly. Extremities: No cyanosis, clubbing, or edema. No calf tenderness. Pulses normal. Neurological: Normal reflexes. She was diagnosed with nonorganic sleep disorder, shoulder pain, and other specified gastritis. UR dated 04/28/2014 indicates that the request for 20 days supply of Terocin lotion and 30 days supply of terocin Dis 4-4% is not recommended as medically necessary based on the minimal clinical documentation provided for review to support the current use of a topical medication that includes capsaicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Days Supply of Terocin Lotion (04/15/2014 - 05/30/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages Page(s): 111-113.

Decision rationale: Terocin lotion appears to contain Methyl Salicylate, Capsaicin, Menthol and Lidocaine. However, according to MTUS guidelines, the only approved topical formulation of Lidocaine is the Lidoderm patch. Also, guidelines do not recommend topical NSAIDs, such as Methyl Salicylate, for the shoulders or axial spine. (The patient suffers from chronic neck, upper back, and bilateral shoulder pain). Further topical NSAID use is only recommended for short-term use of 4-12 weeks. Medical necessity is not established.

30 Days Supply of Terocin Dis. 4-4% (04/15/2014 - 05/30/2014): Upheld

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

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

Decision rationale: Terocin appears to contain Methyl Salicylate, Capsaicin, Menthol and Lidocaine for topical application. However, according to MTUS guidelines, the only approved topical formulation of Lidocaine is the Lidoderm patch. Also, guidelines do not recommend topical NSAIDs, such as Methyl Salicylate, for the shoulders or axial spine. (The patient suffers from chronic neck, upper back, and bilateral shoulder pain). Further topical NSAID use is only recommended for short-term use of 4-12 weeks. Medical necessity is not established.