

Case Number:	CM14-0073816		
Date Assigned:	07/16/2014	Date of Injury:	02/10/2014
Decision Date:	09/16/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	05/21/2014

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 Anesthesiology, has a subspecialty in Pain 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 55-year-old male with 02/10/14 date of injury. Felt a pop in left shoulder while lifting a box and putting it on the storage rack. Report dated 02/11/14 indicates that the patient presented with left shoulder joint pain, rated as 8-10/10. He reported that he was allergic to NSAIDs. Also, he was very sensitive to narcotic pain medications and tramadol can render him very sleepy. Examination of the left shoulder showed 2+ tenderness to palpation over the anterior-lateral shoulder, anterior shoulder, and acromioclavicular joint; painful range of motion with forward of 90 degrees, extension of 45 degrees, abduction of 60 degrees, internal rotation of 45 degrees, and external rotation of 60 degrees; weakness on resisted abduction; positive dropping test on resisted external rotation; positive cross-arm test, Neer's, and Hawkins' signs; negative apprehension sign; and normal bilateral upper extremity deep tendon reflexes, sensation, and muscle strength. Diagnoses: left shoulder impingement, possible rotator cuff tear and acromioclavicular joint pain. Patient declined cortisone injection into the subacromial space, 02/11/14 X-rays of the left shoulder state negative shoulder series; normal bilateral clavicles with and without weight. Joint spaces normal, soft tissues unremarkable. Progress report dated 03/18/14, states pain to the left trapezial region, left posterior shoulder, and left lateral shoulder, at 8/10. Patient completed six physical therapy visits, without improvement. He was currently on temporarily totally disabled status Physical examination mentions diffuse tenderness in the left trapezial region and left shoulder; ability to abduct the shoulder to 90 degrees and internally rotate to 50% of normal. Diagnoses: left rotator cuff syndrome and allied disorders and left shoulder adhesive capsulitis. Physician states that the patient has chronic pain from fibromyalgia and has developed chronic pain to the left shoulder region. The patient was prescribed Ultracet and Terocin patch. Request is for prescription drug, generic Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, generic (Terocin patch): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112,56-57. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb> Terocin Patch contains 4% lidocaine and 4% menthol.

Decision rationale: Guidelines do not support the prescription of Terocin patch in the context of this request, since records contain no evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Topical Lidocaine dermal patch Lidoderm is designated orphan status by the FDA for neuropathic pain, and no other commercially available topical formulations of Lidocaine are indicated. That said, the records show no evidence of neuropathic nature of pain in this patient.