

Case Number:	CM14-0081257		
Date Assigned:	07/18/2014	Date of Injury:	06/12/2012
Decision Date:	09/11/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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 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:

This 51 year-old patient sustained an injury on 6/12/12 from a disc grinder striking his face and right shoulder while employed by [REDACTED]. Request(s) under consideration include Terocin Patches QTY; 10.00. Report of 2/13/14 from the provider noted the patient with constant chronic pain in the right shoulder rated at 8/10 with radicular symptoms down right upper extremity associated with numbness and tingling. Exam showed patient to be obese, ambulates normally with diffuse decrease in right shoulder in all planes; no other findings documented. Diagnoses included unspecified right shoulder derangement and other specified visual disturbances. The treatment included acupuncture and continues meds. Conservative care has included physical therapy, TENS, chiropractic adjustments, acupuncture, medications, and modified activities/rest. Diagnoses include post-concussion syndrome; headaches; face laceration; visual disturbance; right shoulder internal derangement; and mood disorder. Report of 4/7/14 from the provider noted the patient with occasional headaches, visual disturbances on left eye, left cheek laceration with pain and numbness rated at 7/10; right shoulder pain radiating down arm to fingers with constant muscle spasm and pain; stress, anxiety, insomnia, and depression. Exam showed tenderness at supraspinatus, AC joint; positive Neer's, decreased range, decreased motor strength in right arm with intact sensation. Treatment included ECSW, PT, meds, referral to psychologist and ophthalmology. The patient to remain off work. Request(s) for Terocin Patches QTY; 10.00 was non-certified on 5/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches QTY; 10.00: 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, 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. (Namaka, 2004) Page(s): 111-113,.

Decision rationale: This 51 year-old patient sustained an injury on 6/12/12 from a disc grinder striking his face and right shoulder while employed by [REDACTED]. Request(s) under consideration include Terocin Patches QTY; 10.00. Report of 2/13/14 from the provider noted the patient with constant chronic pain in the right shoulder rated at 8/10 with radicular symptoms down right upper extremity associated with numbness and tingling. Exam showed patient to be obese, ambulates normally with diffuse decrease in right shoulder in all planes; no other findings documented. Diagnoses included unspecified right shoulder derangement and other specified visual disturbances. Treatment included acupuncture and continues meds. Conservative care has included physical therapy, TENS, chiropractic adjustments, acupuncture, medications, and modified activities/rest. Diagnoses include post-concussion syndrome; headaches; face laceration; visual disturbance; right shoulder internal derangement; and mood disorder. Report of 4/7/14 from the provider noted the patient with occasional headaches, visual disturbances on left eye, left cheek laceration with pain and numbness rated at 7/10; right shoulder pain radiating down arm to fingers with constant muscle spasm and pain; stress, anxiety, insomnia, and depression. Exam showed tenderness at supraspinatus, AC joint; positive Neer's, decreased range, decreased motor strength in right arm with intact sensation. Treatment included ECSW, PT, meds, referral to psychologist and ophthalmology. The patient was to remain off work. Request(s) for Terocin Patches QTY; 10.00 was non-certified on 5/20/14. The provider has not submitted any new information to support request for topical compound analgesic Terocin Therefore, this request is not medically necessary.