

Case Number:	CM14-0083579		
Date Assigned:	07/21/2014	Date of Injury:	05/10/2013
Decision Date:	09/09/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/05/2014

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 & 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 injured worker is a 56 year-old female who was reportedly injured on May 10, 2013. The mechanism of injury is noted as a lifting type event. The most recent progress note dated June 18, 2014, indicates that there are ongoing complaints of shoulder and arm pain. The pain level is noted to be 7/10. The physical examination demonstrated a 5'3", 156 pound individual "in no acute distress." There are no signs of over sedation or aberrant behavior. Strength is noted to be 5-/5, and there is altered sensation in the proximal right upper extremity. The site reduction in shoulder range of motion is reported. Diagnostic imaging studies were not reviewed. Previous treatment includes multiple shoulder surgeries, physical therapy and pain management interventions. A request was made for multiple medications and was not certified in the pre-authorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Ointment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 112 OF 127.

Decision rationale: Terocin topical pain lotion is a topical analgesic ointment containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The California Medical Treatment Utilization Schedule 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. Based on the clinical documentation provided, the claimant has not attempted a trial of either of these classes of medications. California Medical Treatment Utilization Schedule states when a single component of the compounded medication is not indicated, the entire medication is not indicated. As such, this request is considered not medically necessary.