

Case Number:	CM14-0093357		
Date Assigned:	07/25/2014	Date of Injury:	08/07/2012
Decision Date:	09/09/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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 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 injured worker is a 58-year-old male who reported an injury due to moving heavy boxes on 08/07/2012. On 01/03/2014, his diagnosis included right shoulder superior labral tear with impingement and left shoulder adhesive capsulitis. On that date, he had a Right Labral Repair, a Right Subacromial Decompression, and a Left Shoulder Manipulation under anesthesia. On 06/03/2014, he was noted to have cervicgia related to cervical myofascial pain. His medications included Gabapentin 600 mg and Voltaren XR 100 mg. On 06/14/2014, a rationale for the request stated that Terocin patches were essential in controlling inflammation and neuropathic pain because the injured worker was not interested in taking narcotics. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches Qty 30.00: 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: The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded for pain control including local anesthetics. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Terocin patches consist of menthol 4% and lidocaine 4%. The only form of FDA topical application of lidocaine is the dermal patch for neuropathic pain, which is in a 5% concentration. The ingredients in Terocin patches are not FDA approved and do not fall within the Guidelines. Additionally, the body part or parts to which the patches were to have been applied were not specified. Furthermore, there was no frequency of application included in the request. Therefore, the request for Terocin Patches Qty 30.00 is not medically necessary and appropriate.