

Case Number:	CM14-0161856		
Date Assigned:	10/07/2014	Date of Injury:	06/07/2002
Decision Date:	01/02/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/02/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 15, 2014, the claims administrator conditionally denied naproxen, conditionally denied Neurontin, and denied Terocin lotion. The claims administrator stated that its decision was based on a report dated September 2, 2014. The applicant's attorney subsequently appealed. On August 14, 2014, the applicant reported multifocal complaints of neck pain, arm pain, low back pain, bilateral shoulder pain, 9/10. The applicant was obese, standing 5 feet 7 inches tall, weighing 210 pounds. Norco, Prilosec, naproxen, Neurontin, and topical Terocin lotion were endorsed. The applicant's permanent work restrictions were continued. The applicant did not appear to be working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Terocin Medication Guide

Decision rationale: Terocin, per the National Library of Medicine (NLM), is an amalgam of Lidocaine and menthol. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidocaine, the primary ingredient in the compound at issue, is indicated in the treatment of localized peripheral pain such as neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of gabapentin, a first-line anticonvulsant adjuvant medication, effectively obviates the need for the Lidocaine containing Terocin compound at issue. Therefore, the request is not medically necessary.