

Case Number:	CM14-0087445		
Date Assigned:	07/23/2014	Date of Injury:	12/27/2012
Decision Date:	05/22/2015	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 33-year-old male who sustained an industrial injury on 12/27/12. Injury occurred when he was unloading pallets and was struck on the head and right shoulder by a steel warehouse door. The 6/12/13 bilateral upper extremity electrodiagnostic study documented findings consistent with chronic right C6 and left C7 radiculopathy. The 7/13/13 right shoulder MRI impression documented partial tears of the supraspinatus and infraspinatus tendons, partial tear of the biceps tendon, anterior glenoid labral tear, and acromioclavicular (AC) joint osteoarthritis. Records documented urine drug testing on 10/29/13, 11/19/13 and 1/6/14. On each occasion, the urine drug screen was negative for monitored medications. The injured worker was prescribed suspension medications that included Tramadol and Gabapentin. The 4/3/14 treating physician report cited constant grade 7-8/10 right shoulder pain radiating into the dorsum of the hand and fingers. Physical exam documented tenderness to palpation over the AC joint, subacromial space, and rotator cuff tendon attachment sites. Range of motion was moderately limited in all plans with positive impingement signs. Right upper extremity strength was decreased secondary to pain. There was normal sensation and deep tendon reflexes. The diagnosis included right shoulder synovitis and tenosynovitis, biceps tendon injury, anterior labral tear, and posttraumatic osteoarthritis of the right shoulder. Orders are written including requests for: Unknown prescription of Terocin patches, 1 Urine analysis toxicology, and 1 orthopedic surgeon consultation. The 5/20/14 utilization review non-certified the request for Terocin patches as methyl salicylate is not recommended for osteoarthritis for the shoulder, and lidocaine was only recommended in the form of a patch (Lidoderm). The request for urine

analysis toxicology as the injured worker was not using opioid medications at the time of the request and there were no other reported indications for the urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Terocin patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The California MTUS does not provide specific recommendations for Terocin patches. Terocin patches include capsaicin, lidocaine, menthol, and methyl salicylate. Lidocaine is supported in the patch formation for localized peripheral pain after a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Capsaicin is supported as an option in patients who have not responded or are intolerant to other treatments. Guidelines do not support the use of topical non-steroidal anti-inflammatory drugs (NSAIDs), like methyl salicylate in the treatment of shoulder pain. Guideline criteria have not been met for continued use of this medication. There is no clear evidence of neuropathic pain. There is no current functional assessment or documentation of objective functional benefit with use of Terocin patches. There is no clinical evidence that the patient has failed first-line neuropathic treatment, or has not responded to or is intolerant of other treatments. There is no evidence of intolerance or failure of oral NSAIDs. Therefore, this request is not medically necessary.

1 Urine analysis toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: (May 2009) page 10, 32, 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids-Criteria for use Page(s): 43, 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: The California MTUS supports the use of urine drug screening in patients using opioid medication with issues of abuse, addiction, or poor pain control. The Official Disability Guidelines support on-going monitoring if the patient has evidence of high risk of addiction, history of aberrant behavior, history of addiction, or for evaluation of medication compliance and adherence. Random testing no more than twice a year is recommended for patients considered at low risk for adverse events or drug misuse. Those patients at intermediate risk are recommended to have random testing 3 to 4 times a year. Patients at high risk for adverse events/misuse may at a frequency of every other and even every visit. Guideline criteria

have not been met. Records indicate that urine drug testing has been done on a frequent basis, with no medications detected on the samples of 10/29/13, 11/19/13 and 1/6/14. There is no documentation relative to issues of abuse, addiction, or poor pain control. There is no current indication or rationale presented for additional testing. Therefore, this request is not medically necessary.