

Case Number:	CM15-0132201		
Date Assigned:	07/20/2015	Date of Injury:	09/30/2004
Decision Date:	09/17/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/08/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 65 year old male, who sustained an industrial injury on 09/30/2004. According to a progress report dated 06/15/2015, the injured worker was seen for follow up pertaining to injuries he suffered as a result of his rotator cuff tear, tendon rupture. He had chronic depressive features and anxiety disorder. Diagnoses included status post anterior/posterior labral repair of the right shoulder and superior to posterior labral repair, arthritic disease in the shoulder, subacromial decompression and arthroscopic distal clavicle resection, original subacromial decompression with a Mumford procedure on 04/14/2005, cervical radiculopathy symptoms diagnosed by electrodiagnostic studies, status post right shoulder impingement with surgical repair June 2009 with repeat surgery, depression history as a result of chronic pain, status post right wrist strain/sprain with residual pain and nerve irritation, status post right biceps tendon rupture with repair and right-sided denervation of C5-C6 distribution with a brachial plexopathy. The injured worker was taking psychiatric medications and Lunesta for sleep. His depression levels were severe. The treatment plan included Terocin patch and Meloxicam 15 mg. Medications helped the injured worker to be functional and decreased his pain scores by 50 percent, from 9 to 4-5 on a scale of 1-10. Omeprazole was needed due to increased risk of side effects related to nonsteroidal anti-inflammatory drugs since he had used them regularly. He needed a refill of Meloxicam and Fenoprofen. The provider noted that he substituted oral Gabapentin for transdermal Gabapentin for hopes of better response when not using the patch. The injured worker had reduced opiate use tremendously. Medications reduced

pain score by 40 percent but with addition of Terocin patch, his scores reduced more. Lunesta was dispensed. He was to continue seeing his provider for his psychiatric condition. Currently under review is the request for retrospective Terocin patches, #30 date of service 06/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin patches, #30 (DOS: 06/15/2015): 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 requested Retrospective Terocin patches, #30 (DOS: 06/15/2015), is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, pages 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker was seen for follow up pertaining to injuries he suffered as a result of his rotator cuff tear, tendon rupture. He had chronic depressive features and anxiety disorder. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Retrospective Terocin patches, #30 (DOS: 06/15/2015) is not medically necessary.