

Case Number:	CM15-0133072		
Date Assigned:	07/21/2015	Date of Injury:	02/22/2008
Decision Date:	09/23/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/09/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old male patient, who sustained an industrial injury on 2/22/2008. The diagnoses include right shoulder pain, status post 2 right shoulder surgeries, and left shoulder sprain per history. Per the doctor's note dated 1/14/2015, he had complaints of right shoulder pain. He reported that Norco helps. The provider noted he was doing fair and that pain was reduced with medications. Per the doctor's note dated 3/18/2015, he had complaints of right shoulder pain. He was reported to be doing fair. He had difficulty lifting. He had swelling in the right shoulder joint. The physical examination of the right shoulder revealed painful Apley scratch test, forward flexion 120 degrees, AC joint tenderness and numbness in the right thumb. The medications list includes Vicodin. He is not working. He has undergone 2 shoulder surgeries in 10/8 and 7/2009. He has had physical therapy for this injury. The request is for 2 months' supply of topical ointment; and 2 months' supply of Terocin patches. The treatment plan included: seeing an orthopedic specialist, medication refills, and follow up in 8 weeks. There are no other medical records available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 months of supply of Topical ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-114.

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

Decision rationale: 2 months of supply of Topical ointment. This is a request for topical medication, Contents of the topical ointment is not specified in the records provided. The MTUS Chronic Pain Guidelines regarding topical analgesics state, largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants,). (Argoff, 2006) There is little to no research to support the use of many of these agents any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs: There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Contents of the topical ointment is not specified in the records provided, the medical necessity of 2 months of supply of Topical ointment is not fully established for this patient, therefore is not medically necessary.

2 months supply of Terocin patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-114.

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

Decision rationale: 2 months supply of Terocin patches. Terocin patch contains Menthol and Lidocaine. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine Indication: Neuropathic pain, Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Non-neuropathic pain: Not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants was not specified in the records

provided. Any intolerance or contraindication to oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence to support the use of menthol in combination with other topical agents. The medical necessity of 2 months supply of Terocin patches is not fully established for this patient therefore is not medically necessary.