

Case Number:	CM15-0184546		
Date Assigned:	10/01/2015	Date of Injury:	06/29/2014
Decision Date:	11/10/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/19/2015

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: North Carolina, Georgia

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:

The injured worker is a 48-year-old female who sustained an industrial injury on 6-29-2014. Diagnoses have included right shoulder muscle strain, subacromial impingement syndrome, rotator cuff tendinosis with possible partial tear, probable superior labral tear, right acromioclavicular hypertrophic arthritis, and secondary cervical and right shoulder girdle strain. Documented treatment includes right shoulder arthroscopic surgery 5-28-2015, and post-operative physical therapy. The treating physician's plan of care includes 30 Terocin 4 percent patches. Treatment with other medication or response is not present in the provided documentation. The injured worker is noted to have been off work since 4-2015, and can only work if restrictions are accommodated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 4% patch, #30, (dispensed in office): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment 2009 Guidelines recommend limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Terocin patch contains menthol and lidocaine. Menthol is not a recommended topical analgesic. Lidocaine cream is to be used with extreme caution due to risks of toxicity. As such, Terocin patch is not medically necessary.