MAXIMUS Federal Services

Case Number:	CM15-0190910		
Date Assigned:	10/05/2015	Date of Injury:	06/11/2013
Decision Date:	11/10/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/28/2015

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: 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 39 year old male sustained an industrial injury on 6-11-13. Documentation indicated that the injured worker was receiving treatment for right shoulder impingement, bursitis and rotator cuff tendinitis and right cervical facet syndrome with myofascial pain. Previous treatment included right shoulder arthroscopy with debridement and subacromial decompression and acromioplasty (10-9-14), physical therapy, acupuncture, chiropractic therapy, traction and medications. In a pain management consultation dated 7-30-15, the injured worker complained of ongoing right sided neck pain and right shoulder pain, rated 6 to 7 out of 10 on the visual analog scale. The injured worker stated that the pain awakened him from sleep and increased with walking, bending, lifting and driving. His walking tolerance was limited to 30 minutes. The injured worker attempted to return to work after the surgery but had now been off work since 7-7-15. Physical exam was remarkable for cervical flexion 10 degrees, extension 20 degrees, bilateral lateral tilt 15 degrees and bilateral rotation 80 degrees, bilateral shoulder abduction and flexion 180 degrees with "full" internal and external rotation, tenderness to palpation over the right cervical facets and throughout the right cervical paraspinal musculature with 5 out of 5 upper extremity strength and a positive twitch response in the right trapezius, rhomboid and levator scapula. The physician stated that the majority of pain appeared to be coming from the paraspinal musculature and facet joints. The injured worker declined oral medications. The treatment plan included dispensing topical Terocin, requesting a series of three trigger point injections, continuing chiropractic therapy and home exercise and requesting

authorization for a modified functional restoration program. On 8-27-15, Utilization Review non- certified a request for topical Terocin #2 bottles (dispensed on 7-30-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Terocin #2 bottles (dispensed on 7/30/15): 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 MTUS/Chronic Pain Medical Treatment guidelines comment on the use of topical analgesics that include the components in Topical Terocin. Topical analgesics are considered as 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. Topical Terocin contains the following components: capsaicin, lidocaine, menthol and methyl salicylate. Regarding topical lidocaine, the MTUS guidelines state the following: Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is no evidence provided in the medical records that the patient's pain is related to a neuropathy. Given the lack of documentation of neuropathic pain, there is no indication for the use of topical lidocaine. Therefore, the entire compounded topical analgesic (Terocin) is not medically necessary.