

Case Number:	CM15-0020214		
Date Assigned:	03/20/2015	Date of Injury:	10/23/2008
Decision Date:	04/16/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 was a 51 year old female, who sustained an industrial injury, October 23, 2008. The injured worker previously received the following treatments epidural steroid injections, TENS (transcutaneous electrical nerve stimulator) unit, physical therapy, pain management, orthopedic surgical consultation, home exercise program, chiropractic services, acupuncture, aqua therapy, right shoulder arthroscopic surgery, Terocin Patches, Mentherm ointment, Tramadol and Naproxen. The injured worker was diagnosed with right shoulder adhesive capsulitis, right shoulder residuals after prior arthroscopic surgery, right shoulder AC arthrosis with partial rotator cuff tear, left shoulder impingement syndrome, left shoulder bursitis, status post right shoulder arthroscopic surgery for A/S SAD, DCR and debridement on May 22, 2014. According to progress note of December 17, 2014, the injured workers chief complaint was right shoulder pain with aches and nagging pain. The physical exam noted decreased range of motion and slight tenderness with palpation of the right shoulder. The treatment plan included range of motion, Terocin Patches, Mentherm ointment, Tramadol and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective: 1 Range of Motion: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Computerized range of motion.

Decision rationale: Pursuant to the Official Disability Guidelines, one prospective range of motion is not medically necessary. Computerized range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional abilities were nonexistent. This has implications for clinical practice as it relates to disability determinations for patients with chronic low back pain. In this case, the injured worker's working diagnoses are right shoulder adhesive capsulitis; right shoulder residual after arthroscopic surgery; left shoulder impingement; left shoulder bursitis; status post right shoulder A/S, SAD, DCR, debridement May 22, 2014. Subjectively, the injured worker complains of aches and nagging pain (in a progress note dated December 17, 2014). Objectively, the right shoulder has flexion at 110, external rotation 60 and internal rotation 50 slight tenderness palpation. There is no clinical indication or rationale for prospective range of motion at the affected shoulder. Computerized range of motion is not recommended as a primary criterion and should be part of a routine musculoskeletal evaluation. There is no documentation requesting prospective range of motion in the medical record. Consequently, absent clinical documentation with a request in the progress note along with a clinical indication and rationale for prospective range of motion, one prospective range of motion (shoulder) is not medically necessary.

Terocin patches (Unspecified quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin patch (unspecified quantity) is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Terocin contains lidocaine, Capsaicin and menthol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are right shoulder adhesive capsulitis; right shoulder residual after arthroscopic surgery; left shoulder impingement; left shoulder bursitis; status post right shoulder A/S, SAD, DCR, debridement May 22, 2014. Subjectively, the injured worker complains of

aches and nagging pain in a progress note dated December 17, 2014. Objectively, the right shoulder has flexion at 110, external rotation 60 and internal rotation 50 slight tenderness palpation. The treating physician documents Terocin is used to treat pain and inflammation. There is no additional clinical indication or rationale for the topical analgesic. Topical analgesics are used to treat neuropathic pain. Any compounded product that contains at least one drug (Lidocaine and non-Lidoderm form) that is not recommended is not recommended. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. Consequently, absent clinical documentation with an appropriate clinical indication and rationale for Terocin patch in addition to the largely experimental nature of topical analgesics, Terocin patch (unspecified quantity) is not medically necessary.

Methoderm ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methoderm ointment is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. In this case, the injured worker's working diagnoses are right shoulder adhesive capsulitis; right shoulder residual after arthroscopic surgery; left shoulder impingement; left shoulder bursitis; status post right shoulder A/S, SAD, DCR, debridement May 22, 2014. Subjectively, the injured worker complains of aches and nagging pain in a progress note dated December 17, 2014. Objectively, the right shoulder has flexion at 110, external rotation 60 and internal rotation 50 slight tenderness palpation. Larger more valid studies with topical salicylates are without significant benefit. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. Consequently, absent clinical documentation with an appropriate clinical indication and rationale for Methoderm in addition to the largely experimental nature of topical analgesics, Methoderm ointment is not medically necessary.