

Case Number:	CM15-0021620		
Date Assigned:	02/11/2015	Date of Injury:	04/28/2009
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/04/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old female who reported injury on 04/28/2009. The mechanism of injury was not provided. The documentation of 01/15/2015 revealed the injured worker had increased shoulder pain that had become constant. The injured worker indicated she had been currently exercising. The medications included Tylenol 500 mg 2 to 4 and alternating with naproxen twice a day. The current medications included Ambien 5 mg 1 at bedtime, Terocin patches -4-4%- Apply 1 patch to affected area for 12 hours on 12 hours off, and Neurontin 100 mg 1 capsule during the day and 2 capsules at bedtime. The physical examination of the left shoulder revealed a positive Hawkin's test, positive shoulder cross over test, positive Jobe's test, and a positive Speed's test, Yergason's test, and drop arm test. On palpation, there was tenderness in the acromioclavicular joint, periscapular muscles, rhomboids, subdeltoid bursa, and trapezius. The diagnoses included adhesive capsulitis of the shoulder, pain in the joint of shoulder, and rotator cuff DIS NEC. The treatment plan included a refill of Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch 4% QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Lidocaine Page(s): 105, 111, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per dailymed.nlm.nih.gov, Terocin patches are topical lidocaine and menthol. The clinical documentation submitted for review indicated the medication was a current medication. There was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. The body part to be treated was not provided. Given the above, the request for Terocin patch 4% #30 is not medically necessary.