

Case Number:	CM15-0211423		
Date Assigned:	10/30/2015	Date of Injury:	08/20/2007
Decision Date:	12/10/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/27/2015

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:

This 71 year old man sustained an industrial injury on 8-20-2007. Diagnoses include rotator cuff tenodesis status post four surgical procedures, residual range of motion loss of the right shoulder, left knee contusion (resolved), and facial contusion (resolved). Treatment has included oral and topical medications including Lidocaine patches (since at least 4-2015), Meloxicam, and Terocin patches (since at least 4-2015), and physical therapy. Physician notes dated 9-21-2015 show complaints of right shoulder pain. The physical examination shows right shoulder abduction 125 degrees, forward flexion 140 degrees, internal rotation 40 degrees, and external rotation 80 degrees, with some signs of impingement. Left knee shows "full" range of motion with the ability to do a full squat. Recommendations include three topical transdermal creams, Terocin patches, Lidocaine patches, Meloxicam, Omeprazole, and follow up in two to three months. Utilization Review denied a request for Terocin patches on 10-7-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin patches #30, DOS: 03/11/15: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: CA MTUS recommends 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 patches contains menthol and lidocaine. Menthol is not a recommended topical analgesic. Lidocaine is to be used with extreme caution due to risks of toxicity. As such, Terocin patches is not medically necessary and the original UR decision is upheld.