

Case Number:	CM15-0040042		
Date Assigned:	03/10/2015	Date of Injury:	08/29/2014
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/03/2015

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 is a 50 year old female, who sustained an industrial injury on 08/29/2014. On provider visit dated 01/07/2015 the injured worker has reported pain in right shoulder/arm and right elbow/forearm. She also complained about right wrist/hand pain and numbness. On examination of right shoulder she was noted to have tenderness to palpation, limited range of motion, impingement and supraspinatus tests were positive. The diagnoses have included right shoulder strain/sprain aggravation, right shoulder tendinitis aggravation and right shoulder impingement syndrome aggravation. Treatment to date has included physical therapy and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch, thirty count: Upheld

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

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 #30 is not 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 antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains methyl salicylate 25%, menthol 10% and lidocaine 2.5%. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotion or gel is indicated for neuropathic pain. In this case, the injured worker's working diagnoses are right shoulder strain/sprain; right shoulder tendinitis; right shoulder impingement syndrome; right elbow lateral epicondylitis; right wrist sprain/strain rule out carpal tunnel syndrome; right wrist synovitis. The treating physician stated the indication for the topical analgesic cream was to minimize neurovascular complications and avoid complications with opiates. The injured worker is not currently taking opiates. Topical analgesics are largely experimental few controlled trials to determine efficacy and safety. Any compounded product that contains at least one drug (lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, Terocin patch #20 is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Terocin patch #30 is not medically necessary.

Extracorporeal shockwave therapy of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Extracorporeal shockwave therapy.

Decision rationale: Pursuant to the Official Disability Guidelines, extracorporeal shock wave therapy (ECSWT) to the right shoulder was not medically necessary. ESWT is indicated for calcified tendinitis but not other shoulder disorders. The criteria include pain from calcified tendinitis of the shoulder despite six months of standard treatment. At least three conservative treatments have been performed prior to using ECSWT; rest, ice, non-steroidal anti-inflammatory drugs, orthotics, physical therapy, injections; maximum of three therapy sessions over three weeks. In this case, the injured worker's working diagnoses are right shoulder strain/sprain; right shoulder tendinitis; right shoulder impingement syndrome; right elbow lateral epicondylitis; right wrist sprain/strain rule out carpal tunnel syndrome; right wrist synovitis. Extracorporeal shock wave therapy is indicated recommended for calcified tendinitis of the shoulder but not for other shoulder disorders. Extracorporeal shock wave therapy is not clinically indicated for diagnoses of right shoulder sprain/strain/tendinitis/impingement syndrome. Consequently, absent clinical documentation with an appropriate clinical indication

and rationale for extracorporeal shock wave therapy, extracorporeal shockwave therapy to the right shoulder is not medically necessary.