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| **Case Number:** | CM15-0047154 | | |
| **Date Assigned:** | 03/19/2015 | **Date of Injury:** | 12/23/2008 |
| **Decision Date:** | 04/24/2015 | **UR Denial Date:** | 03/06/2015 |
| **Priority:** | Standard | **Application Received:** | 03/12/2015 |

## 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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 42 year old male with an industrial injury dated December 23, 2008. The injured worker diagnoses include status post left shoulder surgery in September 2013 for correction of rotator cuff injury resulting in adhesive capsulitis and functional motion loss, status post-surgical intervention in May 1, 2014, underlying anxiety and psychiatric component as a result of chronic pain syndrome, right shoulder derivative injury with impingement and functional motion loss, calcific tendinitis and tendinosis in a supraspinatus and infraspinatus in the right shoulder. He has been treated with medications, cortisone injections, physical therapy and periodic follow up visits. According to the progress note dated 2/24/2015, the injured worker reported bilateral shoulder pain. Objective findings revealed signs of impingement and weakness in flexion and abduction of the right shoulder. Left shoulder revealed tenderness in the subacromial fossa. The treating physician also noted that the left shoulder trapezius had a very large tender knot where the muscle was very spastic, irritated and induced significant pain. The treating physician prescribed Terocin Patches #30 now under review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

**Decision rationale:** The injured worker sustained a work related injury on December 23, 2008. The medical records provided indicate the diagnosis of status post left shoulder surgery in September 2013 for correction of rotator cuff injury resulting in adhesive capsulitis and functional motion loss, status post-surgical intervention in May 1, 2014, underlying anxiety and psychiatric component as a result of chronic pain syndrome, right shoulder derivative injury with impingement and functional motion loss, calcific tendinitis and tendinosis in a supraspinatus and infraspinatus in the right shoulder. He has been treated with medications, cortisone injections, physical therapy. The medical records provided for review do not indicate a medical necessity for Terocin Patches #30 Methyl Salicylate 25% Terocine is a topical analgesic containing Methyl Salicylate 25%; Capsaicin 0.025%; Menthol 10%; Lidocaine 2.50%. The MTUS does not recommend the use of Menthol, or Lidocaine as 2.5%. Furthermore, the MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. The request is not medically necessary.