

Case Number:	CM15-0047473		
Date Assigned:	03/19/2015	Date of Injury:	05/23/2011
Decision Date:	05/01/2015	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: California, Hawaii
 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 44 year old male with an industrial injury dated 05/23/2011. His diagnosis includes rotator cuff sprains and strains, brachial neuritis or radiculitis, Cervicalgia and spasm of muscle. He has been treated with cervical epidural steroid injection, physical therapy, acupuncture, chiropractic and medications. In the progress note dated 11/07/2014 (most recent note) he is complaining of neck and left shoulder pain. Physical exam showed restricted range of motion with flexion, extension and lateral rotation of the cervical spine. The provider is requesting 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% quantity: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

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

Decision rationale: The patient presents with neck and left shoulder pain. The current request is for Terocin patch, 4% quantity: 30.00. The treating physician states: Patient rates the pain as 5/10 with zero being no pain and 10 having the worst pain possible. The pain is characterized by aching. It radiates to the left hand. It is aggravated by driving and prolonged sitting. He states that medications are helping. He tolerates the medications well. Patient shows no evidence of developing medication dependency. With the current medication regimen, his pain symptoms are adequately managed. (B.62) There is no further discussion of the current request. The MTUS guidelines on page 112 on topical lidocaine states: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the reports included for review do not document failure of prior first line therapy and there is no documentation of functional improvement with Terocin patch usage. The current request is not medically necessary and the recommendation is for denial.