

Case Number:	CM14-0134843		
Date Assigned:	08/27/2014	Date of Injury:	09/08/1998
Decision Date:	09/24/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/21/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 72-year-old female with a 9/8/88 date of injury; the mechanism of the injury was not described. The reviewers note dated 7/31/14 stated that the patient was seen on 3/12/14 with complaints of constant intractable, sharp, stabbing, throbbing, aching right shoulder pain associated with weakness, stiffness and popping. The physical examination of the right shoulder revealed tenderness to the anterior region, flexion 125 degrees, extension 38 degrees, abduction 170 degrees, adduction 30 degrees, external rotation 90 degrees and internal rotation 45 degrees. The Neer test, Hawkin's test, cross-chest test and acromioclavicular joint compression test were positive. The patient was seen on 8/14/14 with complaints of intractable, sharp, shooting shoulder pain associated with weakness. The pain was aggravated by lifting or carrying heavy objects, pushing, pulling, reaching, sleeping on the shoulder and overhead activities. The note stated that the patient was a surgery candidate and the request for the surgery was pending. The patient was taking Tramadol, Lasix, lisinopril, insulin, burpopiron, clonidine, ASA and amplopidine. The physical examination findings were not provided. The note stated that the patient had a trial of Burpopion and that current medication treatment was not providing sufficient relief in the patient's pain and that Terocin patch was prescribed to decrease to a minimum or totally avoid the use of opioids. The diagnosis is bilateral knee pain, bilateral hand numbness, bilateral elbow pain, bilateral shoulder pain, carpal tunnel syndrome, Achilles tendonitis, right foot pain and right hip pain. Radiographs of the right shoulder (undated, the radiology report was not available for the review) revealed changes compatible with acromioplasty with slight residual down sloping, AC joint DJD, with AC joint spurring and cystic changes. Treatment to date: medications. An adverse determination was received on 7/31/14 given that there were limited large-scale, long-term references showing the safety and

efficacy of the requested compound prescription in the patient's clinical scenario and that the request was not medically reasonable or necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Terocin Patch Page(s): 112.

Decision rationale: Terocin Patch contains 4% lidocaine and 4% menthol. CA MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be 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). The progress note dated 8/14/14 stated that the patient tried Bupropion with no benefit. In addition, the progress reports dated 7/31/14 and 8/14/14 indicated that the patient suffered from neuropathic pain and was a surgery candidate. The request for Terocin patch included the location of the administration, the dose and the length of the treatment. In addition, the physician stated that the patient's current medication did not provide sufficient pain relief and that Terocin patch was prescribed to decrease to a minimum or totally avoid the use of opioids. Therefore, the request for Terocin patch was medically necessary.