

Case Number:	CM14-0215127		
Date Assigned:	01/02/2015	Date of Injury:	03/17/2013
Decision Date:	02/28/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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

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 patient is a 63 year old female with an injury date on 3/17/13. The patient complains of pain in bilateral shoulders and low back pain with muscle spasms per 11/4/14 report. The patient is able to do very limited chores around the house, and is currently not working per 11/4/14 report. The patient stated that prior 12 sessions of physical therapy was very helpful per 8/15/14 report. Based on the 11/4/14 progress report provided by the treating physician, the diagnoses are: 1. discogenic cervical condition with facet inflammation. 2. bilateral shoulder impingement with full-thickness rotator cuff tear of left shoulder per MRI of December 2013. 3. discogenic thoracic and lumbar condition with facet inflammation. 4. weight gain of 5 pounds. 5. Parkinsonism. 6. Stress. A physical exam on 11/4/14 showed "limited range of motion of bilateral shoulders, with abduction no more than 100 degrees bilaterally." The patient's treatment history includes medications, MRI bilateral shoulders, physical therapy (12 sessions, helpful). The treating physician is requesting prescription drug, brand name. The utilization review determination being challenged is dated 12/6/14. The requesting physician provided treatment reports from 9/3/13 to 12/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for Terocin patches, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine, Salicylate topicals Page(s): 105, 111-113.

Decision rationale: This patient presents with bilateral shoulder pain, lower back pain. The treater has asked for Prescription Drug, Brand Name on 11/4/14. The utilization review letter dated 12/6/14 further clarifies request as for Terocin Patches #20. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. Regarding Lidocaine, MTUS supports for peripheral neuropathic pain that is localized. In this case, it appears this patient does not present with symptoms of peripheral neuropathy. Requested Terocin Patches would not be indicated for this case. The request is not medically necessary. Recommendation is that the request is not medically necessary.