

Case Number:	CM15-0111041		
Date Assigned:	06/17/2015	Date of Injury:	11/10/2010
Decision Date:	07/16/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 was a 70-year-old female, who sustained an industrial injury, November 10, 2010. The injured worker previously received the following treatments physical therapy, acupuncture Anaprox, Terocin Patches and Protonix. The injured worker was diagnosed with degenerative joint ad degenerative disc disease of the cervical spine, cervical strain, right cervical radicular syndrome and status post right shoulder operative arthroscopy ad adhesive capsulitis in the right shoulder. According to progress note of April 27, 2015, the injured workers chief complaint was neck, thoracic spine and right shoulder pain. The physical exam of the cervical neck noted tenderness with palpation in the right upper, mid and lower paravertebral and trapezius muscles. The range of motion was flexion of 30 degrees with 35 degrees right lateral bending, 40 degrees left lateral bending, 45 degrees right and left lateral rotation and 30 degrees extension. There was thoracic spine tenderness to palpation in the right upper paravertebral muscles with only mild limitations. The right shoulder, there was a well-healed, mildly tender arthroscopic incision without signs of infection. There was mild tenderness to palpation over the anterior rotator cuff. There was mild AC joint and bicipital tenderness without irritability. There was positive impingement sign. There was no instability. The shoulder was negative for grind sign. The range of motion was flexion 125 degrees, abduction of 110 degrees, extension of 40 degrees external rotation of 45 degrees, internal rotation of 30 degrees and adduction of 30 degrees. The injured worker noted improved function, greater tolerance to exercise, less reliance on medications and better adherence to recommended activity level after physical therapy. There

was greater passive range of motion, but there was an adhesive capsulitis. The treatment plan included brand name prescription for Terocin Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #10: Upheld

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

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

Decision rationale: Terocin patch contains .025% Capsacin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Lidocaine is 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 claimant had been on Terocin for several months in combination with NSAIDS. Long-term use of topical analgesics is not recommended. There is no indication of reduced need for oral analgesics as well. The continued and chronic use of Terocin is not medically necessary.