

Case Number:	CM15-0114688		
Date Assigned:	06/22/2015	Date of Injury:	07/10/2011
Decision Date:	07/22/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/15/2015

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 is a 52 year old female, who sustained an industrial injury on 7/10/2011. She reported twisting her right shoulder while reaching for a box. The injured worker was diagnosed as having shoulder strain, bursitis, status post surgery. Treatment to date has included diagnostics, rotator cuff surgery (date unspecified), physical therapy, acupuncture, and medications. Currently, the injured worker complains of right shoulder pain, rated 5/10 without medication. Pain was reported as decreased up to 70% with Gabapentin, Nabumetone, and "Lido" patches. She reported reflux symptoms and Prilosec was to be added. The treatment plan included Nabumetone, Neurontin, Terocin patch, and Omeprazole. Her work status was noted as continue modified pending re-evaluation. It was not documented if she was currently working. A previous progress report (3/24/2015) noted that she was seen at the Emergency Department and got Norco, noting pain rating of 4/10 with medication. The use of Lidoderm or Terocin patch was not referenced in her prior progress report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 4% patch, #10 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 105, 112-113.

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

Decision rationale: Terocin patch contains .025% Capsaicin, 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 request for Terocin was not justified in the clinical notes. In addition, the claimant had been on Nabumentone (an oral NSAID). Topical NSAIDS can reach systemic levels similar to oral analgesics. The request for topical Terocin is not medically necessary.