

Case Number:	CM15-0122564		
Date Assigned:	07/02/2015	Date of Injury:	02/06/2014
Decision Date:	08/04/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/23/2015

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, North Carolina
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 59 year old female who sustained an industrial injury on 02/06/2014 from sweeping and mopping. The injured worker was diagnosed with right shoulder calcific tendonitis. Treatment to date has included diagnostic testing, steroid shoulder injections, physical therapy, Rolfing and medications. According to the primary treating physician's progress report on May 13, 2015, the injured worker continues to experience right shoulder pain. The injured worker also reports the beginning of left shoulder pain due to favoring the right shoulder. Since the right subacromial shoulder injection on April 1, 2015, there is minimal pain to the anterior aspect of the right shoulder but increased pain to the posterior and trapezial area. Examination of the right shoulder demonstrated passive range of motion of forward flexion at 100 degrees, abduction at 80 degrees, internal rotation at 40 degrees and external rotation at 10 degrees with pain. There was equivocal impingement test and speed test documented. Current medications are listed as Zorvolex and Terocin patches. Treatment plan consists of Rolfing to the right shoulder and trapezius area and the current request for Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Terocin patches (Lidocaine 4%, Menthol 4%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals. Decision based on Non-MTUS Citation Official Disability Guidelines and National Clearinghouse.

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

Decision rationale: According to the MTUS Chronic pain Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains topical lidocaine. The MTUS specifically states that other than the dermal patch, other formulations of Lidocaine, whether creams, lotions or gels, are not approved for neuropathic pain. A compounded product that contains Lidocaine is not recommended according to MTUS criteria, therefore the request is not medically necessary.