

Case Number:	CM15-0178556		
Date Assigned:	09/18/2015	Date of Injury:	12/06/2013
Decision Date:	10/29/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/10/2015

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:

This 65 year old woman sustained an industrial injury on 12-6-2013. The mechanism of injury is not detailed. Evaluations include a right shoulder MRIs dated 4-8-2015 and 3-8-2014, right shoulder x-rays dated 6-12-2015, and a right shoulder arthrogram dated 4-1-2015. Diagnoses include bilateral traumatic rotator cuff tear, bilateral adhesive capsulitis, and bicipital tenosynovitis. Treatment has included oral and topical medications, physical therapy, and surgical intervention. Physician notes dated 8-3-2015 show complaints of right shoulder pain with radiation to the right upper arm and elbow. Recommendations include Anaprox, Prilosec, Ultracet, Terocin patches, physical therapy, and follow up in four weeks. Utilization Review denied a request for Terocin patches citing there is no documentation of a trial of first line therapy and no neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Most of these agents have little to no research to support their use. Further, any compounded agent that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is only approved in the formulation of a Lidoderm patch. In this case, Terocin also contains menthol along with Lidocaine, so it is not recommended. In addition, there is no evidence of failure of first-line agents (anti-depressants, anti-convulsants). Further, the patient does not have neuropathic pain. Therefore, the request for Terocin patches is not medically necessary or appropriate.