

Case Number:	CM15-0179993		
Date Assigned:	09/21/2015	Date of Injury:	03/15/2006
Decision Date:	10/29/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old female, who sustained an industrial injury on 03-15-2006. The injured worker is currently permanent and stationary and not working. Medical records indicated that the injured worker is undergoing treatment for shoulder pain and knee pain. Treatment and diagnostics to date has included right knee and right shoulder surgeries, TENS (Transcutaneous Electrical Nerve Stimulation) Unit, right shoulder MRI, right knee MRI, injections, and medications. Current medications include Voltaren gel, Ambien, Lexapro, Zanaflex, Norco, Terocin patch, hydrochlorothiazide, Atenolol, and Simvastatin. In a progress note dated 08-11-2015, the injured worker reported right shoulder and right knee pain rated 2 out of 10 with medications and 7 out of 10 without medications with "fair" quality of sleep. Objective findings included positive Hawkin's and Neer test with tenderness to right shoulder and restricted range of motion to right knee with positive patellar grind test. The request for authorization dated 08-25-2015 requested Ambien, Terocin Patch (apply 1 twice daily to affected area as need, not to exceed 3 patches per day, Quantity: 90), Zanaflex, Lexapro, and Norco. The Utilization Review with a decision date of 09-01-2015 denied the request for Terocin patch 4% x 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch 4% x 90: 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: Terocin Cream and/or patches is a compounded blend of several over the counter products plus lidocaine 2.5%. MTUS Chronic Pain Guidelines specifically do not support the use of topical lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not recommended. Per MTUS Guidelines standards the compounded Terocin is not medically necessary.