

Case Number:	CM15-0027067		
Date Assigned:	02/19/2015	Date of Injury:	04/17/2013
Decision Date:	04/03/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/12/2015

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: Physical Medicine & Rehabilitation

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 61 year old female, who sustained an industrial injury on 04/17/2013. The diagnoses have included left shoulder arthroscopic and open surgery in August 2011, right shoulder rotator cuff arthropathy, cervical spine sprain/strain with bilateral upper extremity radiculopathy, and bilateral carpal tunnel syndrome. Noted treatments to date have included shoulder surgery, physical therapy, and medications. Diagnostics to date have included MRI of the left shoulder on 10/07/2014 which showed complete full thickness tears of the supraspinatus and infraspinatus tendons, medial subluxation and tendinosis/partial thickness tearing of the long head biceps tendon, and full thickness cartilage loss overlying the superior lateral aspect of the humeral head. In a progress note dated 12/01/2014, the injured worker presented with complaints of pain and weakness in bilateral shoulders. The treating physician reported giving the injured worker some pain cream to apply to her shoulder so that she does not have much of a systemic effect. Utilization Review determination on 02/05/2015 non-certified the request for Terocin Lotion 120grams, 240 citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 10/11/14 Terocin Lotion 120 grams 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The patient was injured on 04/17/2013 and presents with shoulder pain. The retrospective request is for TEROGIN LOTION 120 g for 10/11/2014. There is no RFA provided and the patient is retired. Terocin cream is considered a topical analgesic and contains methyl salicylate, capsaicin, lidocaine, menthol. MTUS Guidelines page 112 on topical lidocaine states, "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an EAD such as gabapentin or Lyrica)." Topical lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially-approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain." The patient has a decreased range of motion of the cervical spine and a positive Spurling's test. She has trapezial spasm/tenderness and tenderness over the anterolateral aspect of both right and left shoulders. She does have positive impingement on 1 and 2 testing. MTUS Guidelines state, "any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended." MTUS Guidelines do not allow any other formulation of lidocaine other than in patch form. Terocin cream consists of lidocaine which is not indicated as a topical formulation by MTUS Guidelines. Therefore, the requested Terocin lotion IS NOT medically necessary.