

Case Number:	CM15-0097409		
Date Assigned:	05/28/2015	Date of Injury:	06/24/2008
Decision Date:	07/01/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/20/2015

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: Pennsylvania
 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 60-year-old male who sustained an industrial injury on 06/24/2008. The injured worker was diagnosed with right suprascapular neuritis, myofascial pain syndrome and cervicgia. The injured worker is status post right shoulder arthroscopy for SLAP repair, subacromial decompression and Mumford procedure in January 2010. Treatment to date includes diagnostic testing, surgery, trigger point injections, physical therapy, oral and topical medications. According to the primary treating physician's progress report on April 29, 2015, the injured worker continues to experience pain on the right shoulder with lifting arm and sleeping. The injured worker states improvement with trigger point injection (April 9, 2015). The injured worker rates his pain level at 5/10. Examination of the right shoulder demonstrated restricted range of motion with external rotation due to pain. There was tenderness to palpation in the biceps groove, rhomboids and trapezius muscles. Current medications are listed as Vicodin, Gabapentin, Flector Patch and Terocin Lotion. Treatment plan consists of active therapy, SSNB and the current request for Terocin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion 2.5 2.5 0.025 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 105 and 111-113.

Decision rationale: Terocin is a topical analgesic combined with Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. Methyl salicylate is discussed under topical salicylates in the MTUS and is recommended. Bengay is specifically referred to and recommended under topical salicylates and contains menthol as well. Lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first line therapy with tricyclic, SNRI, or an AED such as gabapentin or Lyrica. In this case the patient is on gabapentin and continues to experience pain. Lidocaine is not recommended for non-neuropathic pain but is recommended for neuropathic pain. This worker has been diagnosed with neuritis. Topical lidocaine is recommended for localized peripheral neuropathic pain such as neuritis in this case, after there has been evidence of a trial of first-line therapy such as gabapentin, which there has been in this case. However, the only formulation of lidocaine that is indicated for neuropathic pain is the patch. Creams, lotions or gels are not indicated for neuropathic pain and are only indicated as local anesthetics and anti-pruritics. Capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. It is indicated for osteoarthritis, fibromyalgia, and chronic non-specific back pain. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore in this case, Terocin lotion is not considered medically necessary due to the lack of indication for lidocaine lotion as discussed above.