

<b>Case Number:</b>	CM13-0031622		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	03/22/2011
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

34 year old female with industrial injury 3/22/11. MRI 9n /11 right shoulder demonstrates tendinosis of supraspinatus and infraspinatus tenon. 7/15/13 note demonstrates neck and bilateral upper extremity pain. Exam right shoulder demonstrates AC joint tenderness, positive Neer and Hawkins sign.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox patch:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**Decision rationale:** The MTUS Chronic Pain Guideline indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Based upon the guidelines and review of records there is lack of medical necessity for the Medrox and determination is non-certification.

**Tylenol #3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Codeine.

**Decision rationale:** In this patient there is lack of insufficient evidence of maintenance or improvement in function to warrant use in this clinical scenario. Therefore the determination is non-certification.

**Prilosec 20mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**Decision rationale:** In this case there is lack of medical necessity in the records that the claimant is at risk for gastrointestinal events. Therefore the determination is noncertification

**FluriFiex:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**Decision rationale:** MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The guidelines state there is little evidence to support the use of topical NSAIDs (Flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of Flurbiprofen or Cyclobenzaprine in a topical formulation. The request for FluriFiex is not medically necessary and appropriate.

**Diagnostic arthroscopy of the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209-210.

**Decision rationale:** The ACOEM Guideline indicates referral for surgical consultation may be indicated for patients who have: Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.); Activity limitation for more than four months, plus

existence of a surgical lesion; Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. Based upon the lack of documentation of failure of above criteria, the determination is non-certification of diagnostic shoulder criteria.