

Case Number:	CM14-0004304		
Date Assigned:	02/05/2014	Date of Injury:	07/27/2013
Decision Date:	07/14/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/10/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43 year old female who reported an injury on July 27, 2013 due to an unknown mechanism. The injured worker was complaining of pain in her neck and bilateral upper extremities. The patient's right upper extremity was more painful than the left. The medications that were being taken were Tramadol and Flexeril as needed for pain. A physical examination revealed motor strength 5/5, tenderness right and left supracromioclavicular, positive tenderness acromioclavicular, impingement positive right and left. Diagnoses for the injured worker were shoulder acromioclavicular joint arthritis, elbow arthralgia, wrist arthralgia, cervical spondylosis, cervical disc degeneration, shoulder impingement/bursitis, and elbow lateral epicondylitis. The treatment plan included ice/heat to areas of discomfort, home exercise, over the counter analgesic as needed, an MRI cervical spine/right shoulder/right elbow, physical therapy, an ultrasound of right shoulder, elbow, wrist, compounded pain cream, Duexis and corticosteroid injection of right shoulder. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DUEXIS 800/26.6MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Specific Drug List and Adverse Effects Page(s): 70, 71.

Decision rationale: The document submitted for review did not have a diagnoses or testing for gastrointestinal symptoms. A combination of a NSAID and a GI protectant is indicated for the treatment of the signs and symptoms of osteoarthritis in patients at high risk for developing NSAID induced gastric or duodenal ulcers and their complications. The two products are available as separate medications if needed. The injured worker does not have a diagnosis for gastrointestinal need. Therefore, the request for Duexis 800/26.6mg is not medically necessary.

TOPICAL CREAM: FLURB. 20%, BACLOFEN 2%, CYCLO.2%, GABAPENTIN 6%, LIDOCAINE 2.5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112, 113.

Decision rationale: The California Medical Treatment Utilization Schedule states topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Gabapentin is not recommended because there is no peer-reviewed literature to support use. Baclofen is also not recommended by the guidelines. There is no peer-reviewed literature to support the use of topical Baclofen. Diclofenac is indicated for relief of osteoarthritis pain in the joints for ankle, elbow, foot, knee, and wrist. Therefore, the request for topical cream Flurb 20%, Baclofen 2%, cyclo.2%, Gabapentin 6%, Lidocaine 2.5% is not medically necessary.