

<b>Case Number:</b>	CM14-0135232		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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, has a subspecialty in Interventional Spine 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 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 patient is a 35 year old female with date of injury 2/27/13 that occurred when lifting a child weighing 331 pounds. The treating physician report dated 5/14/14 indicates that the patient presents with chronic pain affecting the left shoulder with paresthesia affecting the left arm, hand and fingers. The physical examination findings reveal tenderness of the left shoulder and positive Impingement, Neer's and Hawking Tests. MRI dated 7/8/13 suggests a grade 1-2 sprain of the A/C joint and mild supraspinatus tendinosis. The current diagnosis is left shoulder acromioclavicular joint arthritis. The utilization review report dated 6/18/14 denied the request for Anaprox and Flurbiprofen 25% Lidocaine ointment 5% in Lidoderm base based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Anaprox 550 MG #60 (DOS: 5/14/2014):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67, 6.

**Decision rationale:** The patient presents with chronic left shoulder pain and left upper extremity paresthesia. The current request is for Anaprox 550 MG #60. The patient was originally prescribed Naproxen on 3/7/14. The follow up appointment on 4/10/14 states, "We gave her some medications on her last visit, which include Anaprox that seems to help although makes her a little bit drowsy when she takes the medications, although it seems to work for her. She currently still has some, so she does not need any new ones at this time." On 5/14/14 the patient changed primary treating physicians and the provider performed a cortisone injection to the left A/C joint as well as dispensed naproxen and Flurbiprofen and Lidocaine cream to apply to her A/C joint. MTUS does recommend NSAIDS for first line treatment to reduce pain. The reports provided indicate that the patient had recently been prescribed Anaprox with benefit of decreased pain and the new treating physician prescribed a second prescription of Anaprox. Therefore, this request is medically necessary.

**Retrospective: Flurbiprofen 25%/Lidocaine Ointment 5% in Lipoderm Base (DOS: 5/14/2014):** 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 Creams Page(s): 112.

**Decision rationale:** The patient presents with chronic left shoulder pain and left upper extremity paresthesia. The current request is for Flurbiprofen 25%/Lidocaine Ointment 5% in Lipoderm Base. The MTUS guidelines on page 112 states, "No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS goes on to say that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The current request is not supported in the MTUS guidelines. Therefore, this request is not medically necessary.