

<b>Case Number:</b>	CM14-0037332		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/10/2004
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Nevada. 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 records presented for review indicate that this 52 year-old male was reportedly injured on 12/10/2004. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 6/17/2014 indicates that there are ongoing complaints of right shoulder pain. The physical examination is handwritten and partially illegible. There is positive tenderness to palpation at acromioclavicular joint (AC), decreased range of motion with accreditation, flat subscapularis/supraspinatus and positive impingement syndrome muscle strength 4/5 is noted. There are no recent diagnostic studies available for review. Previous treatment includes medications, physical therapy, and conservative treatment. A request had been made for X-Men 7.5 mg, #60, Ultram 50 mg, #120, Dendracin topical lotion 120 ml, and Axid 150 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants: Page 41, 64 of 127 Page(s): 41 46 OF 127.

**Decision rationale:** The California MTUS supports the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, Fexmid 7.5mg, #60 is not medically necessary.

**Ultram 50mg, #120:** 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 82, 113 of 127 Page(s): 82 113 OF 127.

**Decision rationale:** The California MTUS chronic pain treatment guidelines support the use of Tramadol (Ultram) for a short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. A review of the available medical records, fails to document any improvement in function or pain level with the previous use of Tramadol. As such, Ultram 50mg #120 is not medically necessary.

**Dendracin Topical Lotion 120ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page 111-113 of 127 Page(s): 111-113 OF 127.

**Decision rationale:** Topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control. After review of the medical records provided was unable to determine a failure of first-line recommended treatments to include antidepressants and anticonvulsant medications. Therefore, Dendracin Topical Lotion 120 ml is not medically necessary.

**Axid 150mg, #60:** 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 68 of 127 Page(s): 68 OF 127.

**Decision rationale:** According to the guidelines a patient that is at intermediate risk for gastrointestinal (G.I.) events and no cardiovascular disease should either take a proton pump inhibitor or Cox to selective agent. It is noted Axid is an H2 blocker but is used to treat individuals with G.I. issues. After reviewing the medical records provided there is no documentation of the injured worker having any G.I. issues, or intolerance to non-steroidal anti-inflammatory medications (NSAIDs). Therefore, Axid 150mg, #60 is not medically necessary.