

<b>Case Number:</b>	CM14-0042834		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	01/25/2014
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and Maryland. 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 29-year-old female with a 1/25/14 date of injury when she injured her right shoulder from lifting/carrying a heavy case of drinks. 2/10/14 progress note described right shoulder pain up to 9/10. Current medications include Seroquel, Lamictal, Cymbalta, Orella, Norflex, and Relafen. Clinically, there was an unremarkable left shoulder. In the right shoulder, there was tenderness along the acromioclavicular (AC) joint and subacromial region with limited active/passive range of motion. Impingement testing was positive. Strength was 2/5 for shoulder abductors and shoulder extension. Treatment plan discussed a steroid injection, physical therapy, and imaging studies. 2/28/14 progress note described right shoulder pain with reduced range of motion and positive impingement signs. Diagnosis was shoulder sprain. Topical medications and Duexis were prescribed. Physical therapy notes were reviewed. 6/9/14 progress note was handwritten and 6/23/14 electromyography/nerve conduction velocity (EMG/NCV) studies were unremarkable. Treatment today has included physical therapy, activity modification, and medication. A steroid injection was performed on 2/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800/20 mg #90 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDS, GI Symptoms & Cardiovascular Risk.

**Decision rationale:** Medical necessity for Duexis is not established. The patient has a recent date of injury. Official Disability Guidelines (ODG) states that Duexis is not recommended as a first-line drug. There is no discussion of failure of other NSAIDs or why the patient requires a combination of ibuprofen and famotidine. There are no noted gastric issues and the request is not medically necessary.

**Flurbiprofen 25% / Lidocaine 5% / Menthol 5% / Camphor 1%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** Medical necessity for the requested topical medication is not established. CA MTUS Chronic Pain Medical Treatment Guidelines state that lidocaine (in creams, lotion or gels) is not recommended for topical applications. It has not been discussed why two topical medications are necessary. The patient has a recent shoulder injury, but no evidence of neuropathic pain. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is not medically necessary.

**Tramadol 15% / Lidocaine 5% / Dextromethorphan 10% / Capsaicin 0.025%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** Medical necessity for the requested topical medication is not established. CA MTUS Chronic Pain Medical Treatment Guidelines state that opioids, capsaicin, local anesthetics, and lidocaine (in creams, lotion or gels) are not recommended for topical applications. It has not been discussed why two topical medications are necessary. The patient has a recent shoulder injury, but no evidence of neuropathic pain. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is not medically necessary.