

Case Number:	CM14-0078675		
Date Assigned:	07/18/2014	Date of Injury:	08/09/2012
Decision Date:	09/22/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/29/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 29-year-old male with a date of injury on 8/9/2012. Diagnosis is of right shoulder tendinosis, and cervical spine spasm. Subjective complaints are of right shoulder pain rated at 7/10. Physical exam showed tenderness over the right acromioclavicular joint, bicep tendon, and superior deltoid. There was right shoulder stiffness on movement. Medications include tramadol, Naproxen, Cyclo-Keto-Lido cream, and Norflex. Prior treatment includes physical therapy, acupuncture, and cortisone injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 1 PO Bid PRN #60 1 refill: Overturned

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 Page(s): 67-68.

Decision rationale: CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief for pain. For this patient, moderate

pain is present in the shoulder, which is helped by the use of NSAIDS therefore, the requested Naprosyn is medically necessary.

Cyclo-Keto_Lido Cream PRN 240gm 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Guidelines do not recommend topical cyclobenzaprine as no peer-reviewed literature support their use. Furthermore, muscle relaxers in general show no benefit beyond NSAIDS in pain reduction. Lidocaine is only recommended as a dermal patch. No other commercially approved topical formulations of Lidocaine are indicated therefore, the medical necessity of this compounded medication is not medically necessary.

Norflex 100mg 1 PO QD PRN (Spasm) #30 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. For this patient, submitted documentation does not identify an acute exacerbation and does not show objective evidence of muscle spasm therefore, the medical necessity of Norflex is not medically necessary.