

<b>Case Number:</b>	CM14-0184550		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Internal Medicine and is licensed to practice in 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 employee was a 48 year old female who sustained a work place injury on 04/20/12 after slipping and catching her fall with her right arm. She was diagnosed with radial head fracture in right elbow as well as possible complex regional pain syndrome (CRPS) of right forearm. A magnetic resonance imaging (MRI) of the shoulder dated 06/25/14 revealed deformity of the superior glenoid labrum with a tear. The progress note from 08/15/14 was reviewed. She had pain in right shoulder and right arm. Her medications included Topamax, Anaprox, Ambien and Nucynta. Her gastrointestinal (GI) symptoms included constipation and irritable bowel. On examination, she was noted to have dysesthesias in right elbow, tenderness at right acromion. Diagnoses included right arm pain status post nondisplaced nonsurgical fracture of the radial head with radiographic evidence of healing. She had neuropathic pain from radial nerve irritation combined with soft tissue enthesopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Deuxis 800-26.6mg TA, QTY: 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Deuxis

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** Duexis contains both Famotidine and Ibuprofen. According to Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as an option in chronic pain for short-term symptomatic relief. Guidelines don't endorse long term use. The employee's records demonstrate complaints of chronic right elbow and arm pain and that Anaprox was effective at improving the patient's pain. There is no relevant documentation about the need for ongoing NSAIDs and the pain response to various medications was not documented sufficiently. There is also no documentation of dyspepsia symptoms or high gastrointestinal risk factors like advanced age, steroid use, multiple NSAID use or GI bleeding/ulcer history to support Famotidine use. The request for Duexis is not medically necessary and appropriate.

**Flector 1.3% FU #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, NSAIDs Page(s): 111.

**Decision rationale:** According to chronic pain medical treatment guidelines topical NSAIDs such as topical Flector patch (diclofenac) can be indicated in the treatment of arthritis and/or tendinitis in joints that lend themselves to topical treatment such as the elbow, wrist or knee. In this case the employee is experiencing ongoing elbow pain and has a prior history of fracture. She had ongoing pain despite multiple medications. Therefore the request for Flector patch is medically necessary and appropriate.