

<b>Case Number:</b>	CM15-0002168		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	09/28/2004
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

### 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 injured worker is a 34-year-old female who reported an injury on 09/28/2004. The mechanism of injury was not stated. The current diagnoses include cervical disc degeneration, left shoulder joint laxity with recurrent dislocation, depression, and insomnia. The injured worker presented on 11/19/2014, with complaints of left shoulder symptoms. The injured worker also reported anxiety and insomnia. The injured worker reported an improvement in symptoms with the use of topical analgesic compounding cream and an H-wave device. Upon examination, there was limited and painful range of motion of the left shoulder. X-rays obtained in the office revealed a laxity gap of the joint, and feeling of pulling with extreme abduction. Recommendations at that time included continuation of the H-wave stimulation and home exercise program. The injured worker was also instructed to continue with the current medication regimen. A Request for Authorization form was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cambia 50mg #20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis, at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option, after acetaminophen. There is no documentation of osteoarthritis or an acute exacerbation of chronic pain. The medical necessity for the use of 3 separate nonsteroidal anti-inflammatory drugs has not been established in this case. The California MTUS Guidelines do not recommend long term use of NSAIDs. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**Zipsor 25mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis, at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option, after acetaminophen. There is no documentation of osteoarthritis or an acute exacerbation of chronic pain. The medical necessity for the use of 3 separate nonsteroidal anti-inflammatory drugs has not been established in this case. The California MTUS Guidelines do not recommend long term use of NSAIDs. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**Motrin 800mg #30 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 Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis, at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option, after acetaminophen. There is no documentation of osteoarthritis or an acute exacerbation of chronic pain. The medical necessity for the use of 3 separate nonsteroidal anti-inflammatory drugs has not been established in this case. The California MTUS Guidelines do not recommend long term use of NSAIDs. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**Flurbiprofen 20%, Lido 5% 4gm: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. The only FDA-approved topical NSAID is diclofenac. Lidocaine is not recommended in the form of a cream, lotion, or gel. Given the above, the current request is not medically appropriate. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Cyclobenzaprine 10%, Lido 2% 4gm: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Muscle relaxants are not recommended for topical use. Lidocaine has not been FDA approved in the formulation of a cream, lotion, or gel. Given the above, the current request is not medically appropriate.

**H-Wave: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** The California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 month home based trial may be considered as a noninvasive conservative option. According to the documentation provided, the injured worker has continuously utilized an H-wave stimulation device. There is no documentation of objective functional improvement. There was also no mention of a failure of initially recommended conservative care, to include physical therapy and TENS therapy. Given the above, the request is not medically appropriate.