

Case Number:	CM15-0206074		
Date Assigned:	10/22/2015	Date of Injury:	05/08/2012
Decision Date:	12/04/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/20/2015

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
Certification(s)/Specialty: Emergency 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 43 year old male, who sustained an industrial injury on 5-8-12. The injured worker is diagnosed with rotator cuff sprain, shoulder region osteoarthritis, shoulder adhesive capsulitis and other affections of the shoulder region (not elsewhere classified). His disability status is permanent and stationary; he is working full time. A note dated 12-22-14 reveals the injured worker presented with complaints of left shoulder pain and weakness with overhead activities as well as intermittent neck pain. A physical examination dated 12-22-14 revealed mild bilateral cervical paraspinous tenderness and mild left shoulder pain with isolation and loading and mild impingement pain. Treatment to date has included left shoulder arthroscopy, home exercise program and medication Duexis (11-2014). A request for authorization dated 9-30-15 for Duexis 800-26.6 mg #90 with 3 refills is denied, per Utilization Review letter dated 10-12-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800-26.6mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Medications - compounded.

Decision rationale: The requested Duexis 800-26.6mg #90 with 3 refills, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines (ODG), Pain (chronic), Medications - compounded, do not recommend compounded medications, as there is no clear evidence "about whether compounding medications are more efficacious than the single medication." The injured worker has left shoulder pain and weakness with overhead activities as well as intermittent neck pain. A physical examination dated 12-22-14 revealed mild bilateral cervical paraspinous tenderness and mild left shoulder pain with isolation and loading and mild impingement pain. The treating physician has not documented the medical necessity for compounded medications over single medications, nor failed trials of the constituent ingredient single medications. The criteria noted above not having been met, Duexis 800-26.6mg #90 with 3 refills is not medically necessary.