

<b>Case Number:</b>	CM15-0022298		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54-year-old female who reported a repetitive strain injury on 09/12/2011. The current diagnoses include persistent symptomatic rotator cuff tear, impingement syndrome, and distal clavicle arthrosis of the right shoulder. The latest physician progress report submitted for this review is documented on 12/15/2014. The injured worker presented for a comprehensive orthopedic consultation. It was noted that the injured worker underwent a rotator cuff repair in 09/2013. The injured worker reported persistent right shoulder pain aggravated by heavy lifting, reaching, and pushing activities. Upon examination, there was a healed lateral incision at the right shoulder, 150 degree forward flexion, 150 degree abduction, 60 degree external rotation, internal rotation to T12, positive Neer and Hawkins sign, positive Jobe's test, positive anterior and posterior AC joint stress test, and 4/5 motor weakness. The injured worker reportedly underwent an MRI of the right shoulder, which revealed evidence of a rotator cuff tear with a type 2 acromion and degenerative changes of the AC joint. Recommendations at that time included arthroscopic rotator cuff repair with acromioplasty and distal clavicle resection. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg BID #60 x 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects.

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

**Decision rationale:** California MTUS Guidelines recommend NSAIDs for osteoarthritis at the lowest dose for the shortest period of time in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, it was noted that the injured worker has continuously utilized naproxen 550 mg since at least 07/2014. Guidelines would not support chronic use of an NSAID. There was no documentation of an acute exacerbation of chronic pain or a failure of first line treatment with acetaminophen. The request as submitted for a 30 day supply with 1 refill would not be supported. Given the above, the request is not medically appropriate.

**Ultram 10% /Cyclo 10% cream BID x 1 refill:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The guidelines do not recommend muscle relaxants as a topical product. Therefore, the request is not medically appropriate in this case.

**Flurb/Menthol/Capsaic cream BID x 1 refill:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Therefore, the request for a compounded cream containing flurbiprofen would not be supported. There was also no strength listed in the request. Given the above, the request is not medically appropriate.

**Right wrist strap:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state when treating with a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neural wrist splints. Splinting should be used at night and may be used during the day, depending upon activity. The injured worker does not maintain a diagnosis of carpal tunnel syndrome. Additionally, there was no comprehensive physical examination of the bilateral wrists provided for this review. The medical necessity for the requested durable medical equipment has not been established in this case. As such, the request is not medically appropriate at this time.