

Case Number:	CM14-0140571		
Date Assigned:	09/10/2014	Date of Injury:	09/22/2010
Decision Date:	10/24/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/29/2014

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 Internal Medicine, has a subspecialty in Rheumatology 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 patient is a 47 year old female with date of injury 9/22/2010. The mechanism of injury is not stated in the available medical records. The patient has complained of neck, right shoulder and right arm pain since the date of injury. She has had arthroscopic debridement of the right shoulder in 08/2011. She has also been treated with chiropractic therapy, physical therapy, acupuncture, steroid injection, TENS unit and medications. MRI of the right shoulder dated 05/2013 revealed rotator cuff tendinosis. Objective: decreased and painful range of motion of the neck and right shoulder; tenderness to palpation of the right paraspinal cervical musculature as well as upper trapezius region and right upper extremity; diffuse swelling of the right upper extremity. Diagnoses: Complex regional pain syndrome, status/post right shoulder surgery. Treatment plan and request: Duexis 800/26.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6: Upheld

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

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

Decision rationale: This 47 year old female has complained of neck, right shoulder and right arm pain since date of injury 9/22/2010. She has had arthroscopic debridement of the right shoulder and has also been treated with chiropractic therapy, physical therapy, acupuncture, steroid injection, TENS unit and medications to include NSAIDS since at least 02/2014. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least a 5 month period for right arm pain. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Duexis is not medically necessary.