

<b>Case Number:</b>	CM14-0161013		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	12/30/2008
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 31 year old male presenting with chronic pain following a work related injury on 12/30/2008. The claimant complained of right shoulder pain. The claimant's medications included Hydrocodone, Ambien and Lodine. The physical exam showed right shoulder tenderness over the acromioclavicular joint, positive Hawkins and Neers impingement sign, 4/5 strength in flexion, abduction and external rotation, tenderness over the biceps tendon and subacromial space was tender. The claimant was diagnosed with right shoulder labrum tear, right shoulder rotator cuff syndrome and chronic pain, right shoulder. A claim was made for Lodine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lodine 400mg #90 x 2 refills:** Upheld

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

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

**Decision rationale:** Lodine 400mg #90 x 2refills is not medically necessary. Lodine is a non-steroidal anti-inflammatory medication. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with

moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time he has been on oral anti-inflammatories. Additionally, a diagnosis of osteoarthritis has not been documented in the medical records. The medication is therefore not medically necessary.