

<b>Case Number:</b>	CM13-0015369		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	10/08/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 8, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; psychotropic medications; work restrictions; and reported return to modified work. In a Utilization Review Report of August 9, 2013, the claims administrator denied a request for Duexis, Tylenol No. 3, and Elavil. The applicant's attorney subsequently appealed. It appears that Duexis, Elavil, Wellbutrin, and Tylenol No. 3 were all introduced on an earlier note of March 6, 2013. It is stated that the applicant has a history of GERD and that he should therefore employ Duexis on an as-needed basis. Owing to the applicant's history of GERD, he is advised to use NSAIDs sparingly. In a later note of July 25, 2013, the claims administrator noted that the applicant was having ongoing issues with depression, chronic pain, and persistent headaches, ranging from 5-6/10. The applicant reportedly completed earlier physical therapy in September 2012. The applicant is also self procuring massage therapy. The applicant is reportedly working with limitations in place. The applicant remains depressed and is unable to engage with other individuals, either at home or work. Eight sessions of physical therapy, Elavil, Duexis, Wellbutrin, Zoloft, and Tylenol No. 3 were endorsed. The applicant was asked to continue full-time work with limitations in place. The applicant states that Duexis is helping with the pain on a daily basis and that he uses Tylenol No. 3 for more severe pain issues approximately twice a week. He states that the medications in question are helping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DUEXIS BID-TID #60, 3 REFILLS: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> - Ibuprofen/Famotidine (Duexis) Prescription drug Consult a doctor if you have a medical concern. - Treats pain caused by arthritis in people who might have stomach problems caused by pain medicines. This medicine is a combination of a nonsteroidal anti-inflammatory drug (NSAID) and an H2-blocker that helps protect against ulcers in your stomach or intestines.

**Decision rationale:** As noted by the National Library of Medicine, Duexis is a combination of ibuprofen, an NSAID, and famotidine, an H2 antagonist. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, introduction of H2-receptor antagonists such as famotidine or proton pump inhibitors is recommended in the treatment of dyspepsia secondary to NSAID therapy. In this case, the applicant does have a history of reflux and does have a history of NSAID-induced dyspepsia. Ongoing usage of Duexis is an appropriate choice, given the applicant's history. It is further noted that the applicant has affected some benefit and functional improvement as evinced by his successful return to work as a result of ongoing usage of Duexis and other medications. The applicant is reportedly deriving appropriate analgesia and has apparently returned to his retail sales job. Thus, continuing Duexis is indicated and appropriate, for all of the stated reasons.

**TYLENOL #3, 1-2 DAILY PRN SEVERE PAIN #30, 1 REFILL: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 76-78

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid usage. In this case, these criteria have seemingly been met. The applicant is reportedly deriving appropriate analgesia through ongoing usage of Tylenol No. 3. He has returned to work. Continuing Tylenol No. 3, then, is indicated and appropriate, given the applicant's favorable response to prior usage of the same. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

**ELAVIL 10MG 4 TAB QHS #120 WITH 5 REFILLS: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**Decision rationale:** As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, Elavil or amitriptyline, a tricyclic antidepressant, is "recommended." In this case, given the applicant's ongoing issues with both chronic pain and depression, Elavil or amitriptyline is a particularly appropriate option. Based on the information on file, the applicant does appear to have responded favorably to introduction of this and other agents as evinced by his successful return to work. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review. The request for Elavil 10mg 4 Tab Qhs #120 with 5 Refills is medically necessary.