

Case Number:	CM14-0007695		
Date Assigned:	02/19/2014	Date of Injury:	07/28/2004
Decision Date:	07/21/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/16/2014

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 Tennessee. 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 41-year-old male who has submitted a claim for L5-S1 radiculopathy, L5-S1 facet syndrome associated with an industrial injury date of 7/28/2004. Medical records from 2013 were reviewed which revealed severe pain in his lower back. Bending, stooping, kneeling, climbing and lifting aggravated the pain. This was accompanied by weakness and numbness. Physical examination showed difficulty walking on heels. There was weakness to dorsiflexion and plantar flexion of the great toe. Facet tenderness at L5-S1 was noted. Diagnostic studies showed L4-L5 severe degenerative disc disease and foraminal compromise. There is a left lateral disc protrusion of 6 millimeters at L5-S1. Treatment to date has included fluoroscopic guided nerve root block at L5 and S1 left side and epidural injections. Medications taken include, Norco and Ibuprofen. Utilization review from 12/20/2013 modified the request for Norco 7.5/325mg #60 to #45 and denied the request of Duexis. Norco was modified to allow weaning. Duexis was denied because there was no indication for the use of combination drug. Since Duexis is a combination of Ibuprofen and Famotidine, these 2 drugs can be used independently.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 7.5/325 MG 1-2PO Q6H #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since at least March 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Guidelines require clear and concise documentation for ongoing management. Therefore, the request for NORCO 7.5/325 MG 1-2PO Q6H #60 is not medically necessary.

DUEXIS 800/26.6 1 TAB PO TID #90: 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 NSAIDs
Page(s): 68.

Decision rationale: As stated on page 68 of Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients who are at intermediate risk for gastrointestinal events with no cardiovascular disease are recommended to have non-selective NSAID and PPI. In this case, patient has generalized gastritis as mentioned in his EGD report dated 2/16/2013. He was prescribed Duexis, which is a combination of Ibuprofen 800 mg and Famotidine 26.6mg for his low back pain. Prescription of adjuvant H2-receptor antagonist may be necessary to limit adverse gastrointestinal side effects. The medical necessity was established. Therefore, the request for DUEXIS 800/26.6 1 TAB PO TID #90 is medically necessary.