

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0106797 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 09/21/1999 |
| <b>Decision Date:</b> | 12/08/2014   | <b>UR Denial Date:</b>       | 06/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/10/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 56-year-old female with a date of injury of 09/21/1999. The requesting physician is [REDACTED], and he provides no progress reports for review. The medical file provides one progress report dated 01/15/2014 by [REDACTED]. According to this progress report, the patient presents with right knee pain that occasionally "pops." The patient rates her pain as 8/10. Examination revealed antalgic gait and the patient is utilizing a cane. All other examination findings were within normal limits. The diagnoses per [REDACTED] are: 1. Knee joint replacement. 2. Lumbar spinal stenosis. This is a request for Cambia powder P.R.N. #19 and Duexis 800-26.6 mg #90. Utilization review denied the request on 06/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cambia Powder prn #9:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67, 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

**Decision rationale:** This patient presents with right knee and low back pain. This is a request for Cambia powder P.R.N. #9. Cambia power is Diclofenac (an NSAID) sometimes used for migrainous headaches, and other pains. The MTUS Guidelines page 22 supports the use of the NSAIDs for chronic low back pain and as a first line of treatment. The medical file provided for review includes one progress report which does not discuss the patient's medication regimen. The requesting physician [REDACTED] provides no progress reports of his own. In this case, consideration for this medication cannot be made as the provider provides no discussion regarding why this medication is dispensed, how it is to be taken, and how long the patient has been prescribed this medication. MTUS page 8 does require the treating physician provide monitoring and make appropriate recommendation. Given the lack of discussion of the medical necessity and efficacy of this medication, it is not medically necessary and appropriate.

**Duexis 800-26.6mg/tab, BID to TID PRN, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67, 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal (GI) Symptoms & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** This patient presents with right knee and low back pain. The request is for Duexis 800-26.6 mg/tab, B.I.D. to T.I.D. P.R.N., #90. For anti-inflammatory medications, the MTUS Guidelines page 22 states "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." For Famotidine, The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing Prophylactic proton pump inhibitors (PPI) or Omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The medical file provided for review provides no discuss of this medication. In this case, the provider does not provide a discussion regarding this medication and there is no documentation of functional improvement or pain relief with utilizing Duexis. There is no discussion as to why a combination medication is required. There is no GI risk assessment to determine the patient's need for prophylactic PPI's to be used in conjunction with an NSAID. Therefore, the medication is not medically necessary and appropriate.