

<b>Case Number:</b>	CM14-0108355		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/10/1987
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 and is licensed to practice in Nevada. 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 injured worker is a 71-year-old male with an injury on February 10, 1987. The mechanism of injury was not listed in the records reviewed. The most recent progress note on May 29, 2014, indicated that there were ongoing complaints of back and leg pain. The physical examination shows no specific motor or sensory deficits. Diagnostic imaging studies indicate multiple level degenerative changes but no significant spondylolisthesis of scoliosis. Previous treatments included; laminectomies, medications and pain management techniques. A request was made for multiple medications and was not medically necessary in the pre-authorization process on June 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen (Norco) 10-325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids; Opioids for chronic pain in general conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78 of 127.

**Decision rationale:** The most current clinical examination, a recent procedure note, and an analysis of adhesions must be completed when reporting an injury date. There is no clear clinical

indication that this narcotic medication is having any effect. As outlined in the California Medical Treatment Utilization Schedule, this medication is for the short-term management of moderate to severe pain. There is no clinical indication presented for the chronic or indefinite use noted on the findings of physical examination and recent procedures. The medical necessity has not been established and is not medically necessary.

**Ibuprofen-Famotidine (Duexis) 800-26.6mg #30 refill 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drug), GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines mtus Page(s): 22, 70 of 127.

**Decision rationale:** As noted in the California Medical Treatment Utilization Schedule, this medication is not addressed as a combination preparation, but it is addressed individually. If Ibuprofen can be used for the 1st line of treatment to reduce pain and inflammation this aspect would be considered appropriate. There is no data to support combining this with famotidine. Furthermore, there is no noted efficacy of use of this preparation identified. Therefore, the medical necessity is not ascertained and is not medically necessary.