

<b>Case Number:</b>	CM14-0140150		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 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:

According to the records made available for review, this is a 24-year-old male with a 6/13/13 date of injury, and status post closed reduction internal fixation of lower extremity fractures 6/13/13, status post open reduction internal fixation of L2 fracture, and status post open reduction internal fixation of pilon fracture 6/25/13. At the time (8/5/14) of request for authorization for Duexis 800/26.6 #90 and urine drug screening, there is documentation of subjective (right ankle pain rated 4-5/10, walks with a limp) and objective (right ankle tenderness over the incisions and marked clawing of the 1-4 toes in the right foot) findings, current diagnoses (severe right pilon fracture, severe left pilon fracture, status post fusion, thoracic spine fracture, hammer toes 1-4), and treatment to date (physical therapy and medications (including ongoing use of Norco)). 6/24/14 medical report identifies that 4/18/14 urine drug screen was found to be consistent with the prescribed medication Norco. Regarding the requested Duexis 800/26.6 #90, there is no documentation of risk for gastrointestinal event. Regarding the requested urine drug screening, there is no documentation of moderate risk of addiction & misuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800/26.6 #90:** Upheld

**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 (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk, Page(. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/duexis.html>.

**Decision rationale:** Duexis is a combination of the NSAID ibuprofen and the histamine H2-receptor antagonist famotidine that is indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of proton pump inhibitors. Within the medical information available for review, there is documentation of diagnoses of severe right pilon fracture, severe left pilon fracture, status post fusion, thoracic spine fracture, hammer toes 1-4. In addition, there is documentation of chronic pain. However, there is no documentation of risk for gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request for Duexis 800/26.6 #90 is not medically necessary.

**Urine Drug Screening:** Upheld

**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 On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders. Within the medical information available for review, there is documentation of diagnoses of severe right pilon fracture, severe left pilon fracture, status post fusion, thoracic spine fracture, hammer toes 1-4. In addition, there is documentation of chronic pain. In addition, there is documentation of on-going opioid treatment. However, given documentation of a urine drug screen done 4/18/14 which was consistent with prescribed medication, there is no documentation of moderate risk of addiction &

misuse. Therefore, based on guidelines and a review of the evidence, the request for urine drug screening is not medically necessary.