

<b>Case Number:</b>	CM14-0154173		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 34-year-old male who reported an injury on 04/16/2012. Reportedly, the injured worker went to the fire station to install a new desktop computer and when he was moving the old machine off the desk the computer fell and was caught prior to it hitting the floor. The worker's treatment history included physical therapy, MRI studies, medications, CT scans, topical creams, and injections. The injured worker was evaluated on 09/17/2014. It was documented the worker complained of left hip pain. The injured worker rated his pain with medications as 3.5/10 on the pain scale and without medications 6/10 on the pain scale. Physical examination of the lumbar spine revealed no spinal process tenderness noted. No spinal process tenderness was noted. Lumbar facet loading was negative on both sides. Straight leg raising test was negative. The FABERE test was negative. A physical examination revealed range of motion was restricted with pain continued to be elicited with full external hip rotation, but normal flexion, extension, adduction, and abduction, internal rotation and external rotation. Tenderness was noted over the groin, trochanter, and the injured worker had deep pain in hip joint. There was sharp pain elicited with external left hip rotation, also caused referred sharp pain to his groin. There was positive tenderness to palpation over the left anterior thigh superficially. FABERE test was negative. There was positive pain with FABERE at the groin of greater than right hip internal rotation; with resist external rotation of the left hip; no pain noted in other directions. Diagnoses included abdominal/inguinal pain, left lower quadrant, left inguinal strain, and pain in joint lower leg. Medications included Lidoderm 5% patches, Duexis 800/26.6 mg, and Tramadol HCl ER 100 mg. The provider noted the injured worker was able to function with medication and was able to pick up 20 pounds, walk 10 blocks, sit 90 minutes, and stand 60 minutes. Request for Authorization dated 09/12/2014 was for Duexis 800 26.6mg #60 with one

refill between 9/12/2014 and 10/12/2014 and Lidoderm 5% patch #30 between 9/12/2014 and 10/12/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Duexis 800 26.6mg #60 with one refill between 9/12/2014 and 10/12/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Duexis (Ibuprofen & Famotidine)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Duexis (Ibuprofen & famotidine).

**Decision rationale:** The request for Duexis is not medically necessary. The Official Disability Guidelines (ODG) do not recommend Duexis as a first line drug. [REDACTED] recently announced that the launch of Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. (FDA) 2012 ibuprofen (e.g., Motrin, Advil) and famotidine (e.g., Pepcid) are also available with multiple strengths OTC and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDs. The documentation submitted for review failed to indicate the injured worker failure of a first line NSAID medication. There was no documentation submitted stating the injured worker having GI complications to indicate the need for a PPI. Additionally, the request failed to include frequency and duration of medication. As such, the request for Duexis 800 26.6mg #60 with one refill between 9/12/2014 and 10/12/2014 is not medically necessary.

#### **Lidoderm 5% patch #30 between 9/12/2014 and 10/12/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, LIDOCAINE Page(s): 111, 112.

**Decision rationale:** The request is not medically necessary. The CA MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The California MTUS Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The provider failed to indicate the injured worker have failed antidepressants and anticonvulsants. The request submitted for review failed to indicate body location where Lidoderm patches are required for

injured worker. Moreover, the injured worker did not have a diagnosis of neuropathic pain. As such, the request for Lidoderm 5% patch #30 between 9/12/2014 and 10/12/2014 is not medically necessary.