MAXIMUS Federal Services

Case Number:	CM14-0166010		
Date Assigned:	10/13/2014	Date of Injury:	12/08/2003
Decision Date:	11/19/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/08/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic hand, shoulder, wrist, and arm pain reportedly associated with an industrial injury of December 8, 2003.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and unspecified amounts of physical therapy over the course of the claim.In a Utilization Review Report dated September 29, 2014, the claims administrator denied a request for Duexis, Norco, and Flector, approved a follow-up visit, earlier shoulder arthroscopy; and apparently modified/partially approved a request for Tramadol.The applicant's attorney subsequently appealed.In a September 6, 2014 progress note, the applicant was apparently using Tramadol, Naprosyn, and Flector. It was stated that the applicant was deriving appropriate analgesia from the medications in question and was able to work full time without restrictions. The applicant was able to do his own grocery shopping and perform activities of daily living such as self-care, it was suggested. The applicant was described as having a history of previous GI upset with NSAIDs. The applicant was asked to employ Duexis, tramadol, and Voltaren gel. The applicant's primary complaint on this date was right shoulder pain.On October 7, 2013, it was again noted that the applicant was working full time.In a February 19, 2014 progress note, the applicant was reportedly using Duexis, Lantus, Metformin, Tramadol, Victoza, and Voltaren gel. Pain ranging from 2-7/10 was noted. The applicant was given prescriptions of Zorvolex, Tramadol, Voltaren, and Duexis.On April 16, 2014, the applicant reported that his ongoing complaints of shoulder, wrist, and arm pain had been ameliorated through ongoing usage of tramadol, Duexis, and Voltaren. The applicant stated that Duexis was generating drowsiness and GI upset. 9/10 pain without medications was noted versus 4/10 with medications. The applicant's stated diagnoses were bicipital tendinitis, shoulder arthritis, elbow epicondylitis, and

carpal tunnel syndrome. The applicant's work status was not clearly stated on this occasion.On June 30, 2014, the applicant was asked to continue tramadol, Duexis, Voltaren gel, and Zorvolex. 50% pain relief was reported on this occasion. The applicant's work status was not attached.On July 15, 2014, the applicant reported 7/10 pain without medications versus 3/10 pain with medications. The applicant was using Duexis, tramadol, and Voltaren. Multiple medications were refilled. The applicant's work status was not furnished on this occasion.On September 18, 2014, the applicant reported 2/10 pain with medications versus 6/10 pain without medications. The applicant stated that he was deriving 80% pain relief from the medications in question. The attending provider stated that the medications were improving the applicant's function but did not elaborate or expound on the extent of the same. The applicant's work status was not clearly stated on this occasion. The applicant denied any side effects with medications on this occasion.On February 19, 2014, the applicant stated that he was experiencing issues with drowsiness and GI upset with Duexis and reiterated that he was able to complete his job duties which involved pushing and pulling with the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, quantity 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Neuropathic Pain Page(s): 82-83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has seemingly returned to and has maintained full-time, regular duty work status at [redacted], reportedly achieved through ongoing medication consumption, including ongoing tramadol consumption. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Duexis 26.6/800mg quantity 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, H2 antagonists such as famotidine are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant did report symptoms of dyspepsia with nonselective NSAIDs. Introduction and/or ongoing usage of Duexis, an ibuprofen-famotidine amalgam,

was/is therefore indicated. While earlier progress notes did suggest that the applicant was experiencing some sedation and/or dyspepsia with Duexis, these subsequent progress notes made no mention of the applicant's experiencing any side effects with Duexis, implying that these side effects have seemingly subsided following introduction of the Duexis (ibuprofen-famotidine) amalgam. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Norco 10/325mg quantity 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has apparently achieved and/or maintained successful return to work status, the attending provider has posited on several occasions referenced above. The applicant is deriving an appropriate reduction in pain scores with ongoing Norco usage. The applicant's ability to perform activities of daily living, including household chores, home exercises, etc., has likewise been ameliorated with ongoing medication consumption, including ongoing Norco consumption. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Flector patch 1.3% quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren Page(s): 112.

Decision rationale: Flector is a derivative of topical diclofenac/Voltaren. However, as noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac/Voltaren has "not been evaluated" for treatment involving the spine, hip, and/or shoulder. In this case, the applicant's primary pain generator is, in fact, the shoulder, a body part for which topical diclofenac/ Flector/ Voltaren has not been evaluated. No rationale for selection of this particular agent in the face of the tepid-to-unfavorable MTUS position on the same was proffered by the attending provider. It is further noted that the applicant appears to be using a variety of first-line oral pharmaceuticals with reportedly good effect, effectively obviating the need for Flector. Therefore, the request is not medically necessary.