

<b>Case Number:</b>	CM14-0169708		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	05/23/2001
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 & Rehabilitation and Pain Management, 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 66-year-old female with a date of injury of 05/23/2001. The listed diagnoses per [REDACTED] are: 1.Spondylosis of the lumbar spine.2. Status post left knee arthroscopy.3. Sprain/strain of the left ankle.According to progress report 09/02/2014, the patient presents with left knee pain and low back pain that radiates into the bilateral lower extremities with associated numbness and tingling. The patient rates her low back pain as a 7/10 and left knee pain as 8/10. She is utilizing Vicodin for a breakthrough pain and ibuprofen for pain and inflammation which she finds helpful. The patient denies any side effects except GI symptoms from taking ibuprofen. Examination revealed tenderness in the midline lumbosacral spine and over the bilateral lumbar paraspinal musculature. Active range of motion was decreased in all planes. Examination of left knee revealed tenderness over the medial joint line and flexion 135 degrees. The treater would like to start the patient on Duexis 800/26.6 mg #90 for pain and inflammation. The treater is also requesting chiropractic sessions twice a week for 4 weeks for the lumbar spine. Utilization Review denied the request on 09/10/2014. Treatment reports from 04/08/2014 through 09/02/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic sessions twice a week for four weeks for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** This patient presents with chronic left knee and low back pain. The treater is requesting chiropractic sessions 2 times a week for the next 4 weeks for the lumbar spine. Utilization Review denied the request stating that "there are no details provided about the previous conservative care including the number of therapy visits and the claimant's response for some treatment." For manual therapy, the MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of functional improvement, total of up to 18 visits over 6 to 8 weeks. In this case, review of the medical file does not show any chiropractic care or any discussions thereof. The patient's injury dates back 13 years. It is possible the patient has had chiropractic care in the past with the documentation not provided. However, the treater's request for 8 sessions exceeds what is recommended by MTUS, therefore, the Chiropractic sessions twice a week for four weeks for lumbar spine are not medically necessary and appropriate.

**Duexis 800/26.6mg #90 with one refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 08/04/2014 regarding Duexis

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, GI symptoms & cardiovascular risk Page(s): 22; 68-69.

**Decision rationale:** This patient presents with chronic left knee and low back pain. The treater would like to start the patient on Duexis 800/26.6 mg #90 for pain and inflammation as ibuprofen has caused GI side effects. 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 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 treater states that the patient has side effects to ibuprofen and is requesting Duexis. Given patient's chronic pain and GI symptoms, therefore, Duexis 800/26.6mg #90 with one refill is medically necessary and appropriate.