

Case Number:	CM14-0174292		
Date Assigned:	11/04/2014	Date of Injury:	04/09/2010
Decision Date:	12/09/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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 Family 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:

This is a 55 year old female patient who sustained a work related injury on 4/9/2010. The exact mechanism of injury was not specified in the records provided. The current diagnoses include lumbar radiculitis and degenerative disc disease Per the doctor's note dated 9/29/14, patient has complaints of lumbar spine pain with radicular symptom's to hip, legs and feet and right lower extremity and headache. Physical examination revealed bilateral paraspinous muscle tenderness midline, lumbar spine flexion 20 degrees, extension 10 degrees, range of motion right and left lateral 20 degrees The current medication lists include Duexis, Percocet, Pantoprazole, Lidoderm Patches, Metformin, Metoprolol, Benazepril and Gralise. She has had X-ray of the low back that revealed hypermobility at L4-5 with listhesis and narrowing at L5-S1; C/T scan and MRI scans of the low back that revealed disc bulging and slip disc at L4-5; X-ray and MRI of the neck and X-ray of hip revealed degenerative changes. Diagnostic imaging reports were not specified in the records provided. The patient's surgical history includes renal gland surgery in 2001. The patient has had lumbar epidural steroid injection at right L4-5 and facet injection. She has had a urine drug toxicology report on 5/16/14. The patient has received an unspecified number of the PT, acupuncture, and 8 aquatic therapy visits for this injury. The patient had used crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg #90: 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), Pain Chapter, 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 (updated 11/21/14) Duexis® (ibuprofen & famotidine)

Decision rationale: Per the ODG guidelines cited below Duexis is "Not recommended as a first-line drug. Horizon Pharma recently announced the launch of Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. (FDA, 2012) Ibuprofen (eg, Motrin, Advil) and famotidine (eg, Pepcid) are also available in multiple strengths OTC, and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDS." A rationale for not using OTC ibuprofen and OTC famotidine as separate tablets is not specified in the records provided. The response to the individual medicines is not specified in the records provided. Therefore the medical necessity of the combination (in one tablet) is not fully established. In addition, the records provided do not specify the duration of the NSAID therapy. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Duexis 800mg #90 is not fully established in this patient. Therefore the request is not medically necessary.

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: Percocet 10/325mg #180 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional

improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Percocet 10/325mg #180 is not established for this patient. Therefore the request is not medically necessary.