

Case Number:	CM14-0030487		
Date Assigned:	06/20/2014	Date of Injury:	10/14/2009
Decision Date:	08/13/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/11/2014

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 Anesthesiologist and Pain Medicine, and is licensed to practice in Florida. 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 50-year-old female who reported an injury 10/14/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 04/02/2014 indicated diagnoses of status post cervical spine fusion, right shoulder arthroscopic procedure and cervical spine radiculopathy. The clinical note is handwritten and largely illegible. The injured worker reported she recently had a cortisone injection to the right elbow for pain. The injured worker had increased pain, rated 10/10 without medication and 5/10 with medications. The injured worker reported pain to the cervical spine that radiated to the right shoulder. On physical examination, the injured worker had tenderness to the right lateral epicondyle and decreased grip. The injured worker had spasms to the cervical spine. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Neurontin, Duexis and Norco. The provided submitted a request for Percocet and Duexis. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, BID prn pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78..

Decision rationale: The request for Percocet 10/325mg, BID prn pain is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's functional status, evaluation for risk for aberrant drug uses, behaviors. In addition, it was not indicated how long the injured worker had utilized Percocet. Additionally, the request does not indicate a quantity for the Percocet. Therefore, the request for Percocet is not medically necessary.

Duexis 800mg TID prn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 70..

Decision rationale: The request for Duexis 800mg TID prn is not medically necessary. The California MTUS guidelines do not recommended Duexis as a first-line drug. Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. Diclofenac is in the same drug class as a combination NSAID/GI protectant, and referenced in the guidelines. Ibuprofen and famotidine are also available in multiple strengths OTC and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDS. With less benefit and higher cost, it would be difficult to justify using Diclofenac as a first-line therapy. The guideline recommends Duexis as indicated for rheumatoid arthritis and osteoarthritis. The request for Duexis in the clinical note dated 04/02/2014. It is indicated that the injured worker will stop taking the Duexis so clarification is needed. In addition, there is lack of documentation of functional improvement with the use of this medication. Moreover, it was not indicated how long the injured worker had utilized this medication. Additionally, the request does not indicate a quantity for the medication, therefore the request for Duexis is not medically necessary.