

<b>Case Number:</b>	CM14-0040167		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 New York. 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 patient, a 54 year old woman, is diagnosed with medial epicondylitis, with a date of injury of 7/20/2010. She was previously employed as a shipping clerk/manager, packing, shipping, sorting mail, copying, entering data, washing and cleaning counters, displays and bathrooms, stocking, vacuuming and more. She makes custom boxes, cutting cardboard boxes, as well as cutting Styrofoam packing material. She began to have bilateral pain in the medial and lateral elbows at the end of 2009. She has had several steroid injections and physical therapy without lasting benefit. She has had a "Topaz procedure" on each elbow (medial and lateral on right, medial left elbow) with some benefit. She had resolution of pain in right lateral elbow. She continues to complain of swelling, weakness, pain and dysesthesias. Her primary treating physician is requesting appeal of the denial of urine toxicology, acupuncture and a medication, Duexis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 toxicology screen between 3/3/2014 and 5/1/2014.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction; Substance abuse (tolerance, dependence, addiction).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77, 78.

**Decision rationale:** The use of the screen is considered acceptable when preparing for a trial of narcotic therapy. It is also appropriate in ongoing management when on opioids. This patient is not on narcotics, and there is no documentation that this form of treatment is being contemplated. Therefore, the request is not medically necessary and appropriate.

**Prospective request for 1 prescription for Duexis, #90 between 3/3/2014 and 5/1/2014.:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, pages 67-68 and NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Duexis (Medscape Drug Reference)  
<http://reference.medscape.com/drug/duexis-ibuprofen-famotidine-999647>.

**Decision rationale:** Per Medscape, Duexis is a combination of ibuprofen 800 mg and famotidine 26.6 mg, and is usually dosed every 8 hours. The indications are for osteoarthritis and rheumatoid arthritis, and the medication is designed to manage symptoms from these conditions while minimizing risk of GI ulcer. Per the MTUS Chronic Pain Guidelines, NSAIDs are indicated for osteoarthritis, short term relief of back pain and breakthrough neuropathic pain, or mixed pain conditions (with neuropathic pain). The addition of PPI is indicated with a non-selective NSAID when the patient is at intermediate or high risk for GI events, with no cardiovascular disease. There is no documented GI risk assessment or determination requiring PPI treatment. Per drug information, she doesn't meet criteria for Duexis, as she is not treating osteoarthritis or rheumatoid arthritis. As such, the request is not medically necessary and appropriate.

**Prospective request for 10 acupuncture sessions between 3/3/2014 and 5/1/2014.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to the MTUS Guidelines, Acupuncture may be completed 1-3 times per week for 1-2 months. The trial may be extended if functional improvement is documented. However, the time to produce functional improvement is within 3-6 treatments. Acupuncture is indicated to treat chronic pain conditions, including pain along a nerve pathways, muscle spasm, inflammation, and scar tissue pain. It was requested for elbow and neck to decrease pain and increase flexion. Some of the progress notes were handwritten and illegible, although one dated 1/27/14 seems to indicate that she has had decrease in pain intensity and frequency with increased mobility and functioning. There is no objective assessment of this

increased function, such as improved strength or return to work. She does not meet criteria for additional acupuncture. As such, the request is not medically necessary and appropriate.