

<b>Case Number:</b>	CM14-0061421		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/16/2008
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 patient is a 40 year old male, who is an injured worker with date of injury 5/16/06 with related low back pain. Per progress report dated 3/17/14, the injured worker complained of constipation secondary to pain and medication. MRI of the lumbar spine dated 10/2/13 revealed age appropriate DDD at L4-L5 and L5-S1 levels that contributed to mild bilateral foraminal narrowing when superimposed on somewhat congenitally short pedicles. It was noted that there may be some minimal nerve root abutment but no definite impingement was identified. Findings were most pronounced at the right L5-S1 neural foramen. The documentation submitted for review does not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 3/31/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800/26mg #90 + 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Duexis.

**Decision rationale:** The MTUS is silent on the use of this medication. Per ODG TWC with regard to Duexis: Not recommended as a first-line drug. [REDACTED] 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. See NSAIDs, GI symptoms & cardiovascular risk, where Proton pump inhibitors (PPIs) are recommended. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy. The documentation submitted for review does not support the use of a histamine-2 blocker. Duexis is not recommended as a first-line treatment. There was no documentation of failure of trial of first line NSAIDs and PPIs. The combination medication prescribed is not reasonable unless there has been intolerance to the medications taken separately or if there is some contraindication for their use as separate medications, which has not been noted. The request for Duexis 800/26mg Quantity 90 With 2 Refills is not medically necessary.

**Lidoderm Patches # 60 +2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines p112 states Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There was no documentation of clinical findings of peripheral neuropathy, there is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, lidoderm is not recommended at this time. The request for Lidoderm Patches Quantity 60 With 2 Refills is not medically necessary.