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| <b>Case Number:</b>   | CM14-0077119 |                              |            |
| <b>Date Assigned:</b> | 07/18/2014   | <b>Date of Injury:</b>       | 04/19/2002 |
| <b>Decision Date:</b> | 08/25/2014   | <b>UR Denial Date:</b>       | 05/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/26/2014 |

### 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 and Rehabilitation 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 injured worker is a 57-year-old male who reported an injury on 04/19/2002. The mechanism of injury was not specifically stated within the medical records. The injured worker's diagnoses include thoracic/lumbar disc displacement, pain in limb, heartburn comorbidity, and lumbar radiculopathy. His previous treatments were noted to include Motrin, Tylenol, Norco, and hydromorphone. Documentation indicates that the patient has been utilizing Duexis and Amrix since at least 03/28/2013. The most recent clinical note submitted for review, dated 04/24/2014, indicated that the injured worker's symptoms include chronic pain in the upper, mid, and low back and he had right leg symptoms. He was also noted to have muscle spasm to the top of the left shoulder which was minimized with Amrix, allowing him to be able to participate in daily walking and housework. It was noted that the patient had complained of gastric upset with use of Motrin, and was therefore switched to Duexis. The treatment plan on 04/24/2014 included a lumbar brace, a topical analgesic cream, and refills of Duexis with an unknown rationale and Amrix for shoulder blade spasm. The request for authorization for the 2 requested medications was not submitted in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800/26.6 mg #60 with 3 refills:** 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, specific drug list & adverse effects, NSAIDs, GI symptoms & cardiovascular risk Page(s): 70-73, 68-69.

**Decision rationale:** The requested service is non-certified. According to the California MTUS Guidelines, use of NSAIDs is recommended at the lowest effective dose for the shortest duration of time due to high risk of adverse effects. The clinical information submitted for review indicated that the injured worker has been utilizing NSAID medications for more than 1 year and there was no documentation indicating that the injured worker had tried a lower dose or an alternate medication with lower risk for adverse effects. In addition, the documentation failed to provide an adequate pain assessment indicating that Duexis was effective for pain relief as evidenced by quantifiable pain scales and increased ability to perform activities of daily living. Therefore, continued use of NSAIDs is not supported at this time. The California MTUS Guidelines also indicate that an H2 receptor antagonist or proton-pump inhibitor may be utilized for the treatment of dyspepsia secondary to NSAID therapy. The documentation submitted for review indicated that the injured worker had GI upset with use of Motrin and was therefore switched to Duexis which contains an H2 receptor antagonist. However, as continued use of an NSAID is not supported, the continued use of an H2 receptor antagonist for the treatment of dyspepsia secondary to NSAID use is also not supported. Based on the above, the request is non-certified.

**Amrix 15 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

**Decision rationale:** The request is non-certified. According to the California MTUS Guidelines, cyclobenzaprine is a skeletal muscle relaxant and is only recommended for a short course of therapy, specifically limited to 2 to 3 weeks. The clinical information submitted for review indicated that the patient was utilizing Amrix for shoulder muscle spasm and had decreased symptoms and increased ability to perform activities of daily living with the use of this medication. However, as he was noted to have been using this medication since at least 03/28/2013, and the Guidelines do not support use for longer than 2 to 3 weeks, continued use of this medication is not supported. As such, the request is non-certified.