

Case Number:	CM14-0083150		
Date Assigned:	07/21/2014	Date of Injury:	09/11/2013
Decision Date:	09/23/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/04/2014

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 Illinois. 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 56-year-old man who reported injury on 09/11/2013. The diagnoses included sprain lumbar region. The mechanism of injury was the injured worker was throwing a metal door to the recycle container and injured his low back. The prior treatments included physical therapy and an epidural steroid injection. The injured worker's medications included Motrin and Norco. The surgical history was noncontributory. The prior studies included x-rays of the lumbar spine and an MRI. The documentation indicated the injured worker's previous medications included ibuprofen, topical muscle relaxants, Flexeril, tizanidine, tramadol, and etodolac, as well as Prilosec as of early 2014. The documentation of 05/16/2014 revealed the injured worker had persistent radiculopathy and failed to improve with conservative care and as such had received an epidural steroid injection. The injured worker indicated he had a good response with almost a complete elimination of radiating leg pain. The injured worker was noted to have continued persistent axial low back pain. The documentation indicated the injured worker had previously been prescribed Butrans 5 mcg patches and a prescription for Duexis. The documentation indicated the injured worker had trialed numerous amounts of medications in the past, causing stomach upset, and that was the rationale for giving the injured worker Duexis. A surgical procedure including a microdiscectomy and laminectomy to decompress the neural elements was opined to be possibly beneficial. The physical examination revealed the injured worker had an improved ability to perform forward flexion, and straight leg raise testing was negative on examination. The sensory examination revealed the injured worker had a loss of heat and threshold detection to the right S1 nerve root dermatome. There were no trigger points or tender points. The treatment plan included Butrans 5 mcg per hour. The physician documented the medication seemed to be effective in relieving the injured worker's pain and improving function and allowing him to maintain modified activity. The injured worker was

given a prescription for Duexis 100 mg to be taken on an as needed basis for breakthrough episodes of pain, and the rationale was the injured worker benefited from nonsteroidal medications in the past. The injured worker discontinued nonsteroidal anti-inflammatories due to stomach upset. The injured worker had a history of gastroesophageal reflux and possibly a bleeding ulcer in the past, making him a candidate for the medication per the physician. There was no Request for Authorization submitted for the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Duexis tablet 800-26.6 #90/30 d/supply: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines recommend Duexis as a second line therapy. The clinical documentation submitted for review indicated the injured worker had previously been on nonsteroidal anti-inflammatory medications and Prilosec. There was a lack of documentation indicating a failure of the individual medications. The medication Duexis is a combination medication, including famotidine and an NSAID. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Pharmacy purchase of Duexis tablet 800-26.6 #90/30 d/supply is not medically necessary.

Butrans Dis 5mcg/hr #4/28 d/supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 2014 Buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines indicate that opioid medications are appropriate for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized opioids since at least 01/2014. There was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Additionally, the physician's documentation indicated that the injured worker had effective pain relief and an improvement in function allowing him to maintain modified activity. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline

recommendations. Given the above, the request for Butrans Dis 5mcg/hr #4/28 d/supply is not medically necessary.