MAXIMUS Federal Services

Case Number:	CM14-0084272		
Date Assigned:	07/21/2014	Date of Injury:	12/02/2008
Decision Date:	10/09/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/05/2014

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 Ohio and Texas. 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 36 year old female with a reported injury on 12/02/2008. The mechanism of injury was a trip and fall. The injured worker's diagnoses included arthritis, derangement of the right knee, Baker cyst, right lateral epicondylitis, plantar fasciitis, cervical sprain/strain, cervical herniated nucleus pulposus, and right carpal tunnel syndrome. The injured worker's previous treatments included medications, physical therapy, occupational therapy, orthotics, cortisone injections, an assistive device in the form of a cane, wrist splints, and a home exercise program. The injured worker's previous diagnostic testing has included multiple x-rays, a CT scan of the cervical spine, and MRIs of the cervical spine and right knee on 07/28/2009 and 02/05/2010. The injured worker's surgical history included a left carpal tunnel release in 2009. The injured worker was evaluated for right knee, neck, and right elbow pain on 07/18/2014. She described her pain as frequent, dull, throbbing, and aching. She reported that her brace helped, but her medications did not. The documented examination was general and reported good grooming and personal hygiene and normal mood and affect. The treatment plan was to continue Duexis, Tylenol #3, wrist splint, hinged knee brace, and start Terocin patches. The injured worker's medications included Duexis and Tylenol #3. The requests are for Duexis 800/26.6 mg. #90 with three (3) refills and Tylenol 3 #30 with 1 refill to help with pain control and functional restoration for derangement of the right knee. The request for authorization form was not provided.

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. #90 with three (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 (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), pages 67-68 and NSAIDs Page(s): 70-71.

Decision rationale: The request for Duexis 800/26.6 mg. #90 with three (3) refills is not medically necessary. The injured worker complained of right knee, neck, and right elbow pain. No gastrointestinal complaints were documented. The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The guidelines state combination NSAID/GI protectants that the two products are available as separate medications. The guidelines recommend H2-receptor antagonists for the treatment of dyspepsia secondary to NSAID therapy. The injured worker has been taking Duexis since at least 12/23/2013; continuation of Duexis would exceed the guideline recommendation for a short course of treatment. The provided documentation did not provide any objective, measurable therapeutic benefits of the medication regarding pain control or improvement in functional deficits. There is a lack of documentation indicating the injured worker has significant gastrointestinal symptoms related to NSAID medications which are improved with the use of a gastrointestinal protectant. The request was for three refills which would not be indicated in the absence of documented benefits of the medication therapy. Additionally, the request did not include the dosing frequency. The request for Duexis 800/26.6 mg. #90 with three (3) refills is not medically necessary.

Tylenol 3 #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Page(s): 35.

Decision rationale: The request for Tylenol 3 #30 with 1 refill is not medically necessary. The injured worker complained of right knee, neck, and right elbow pain. The California MTUS Chronic Pain Guidelines recommend codeine as an option for mild to moderate pain. Tolerance as well as psychological and physical dependence may occur. The injured worker had been taking Tylenol 3 since at least 12/23/2013. The provided documentation did not provided any objective, measurable therapeutic benefits of the medication regarding pain control or improvement in functional deficits. The request included a refill which would not be indicated in the absence of documented benefits of the medication therapy. Additionally, the request did not

include the dosing frequency. Therefore, the request for Tylenol 3 #30 with 1 refill is not medically necessary.