

<b>Case Number:</b>	CM14-0091692		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/07/2003
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 70-year-old female with a 1/7/03 date of injury, and left knee total replacement in 2009. At the time (6/9/14) of the Decision for Duexis 800mg #90 and Hydrocodone/Acetaminophen 10/325mg #60 tablets, there is documentation of subjective (pain in both shoulder, knees, and right leg) and objective (tenderness over the right cervical paraspinal muscles and right cervical facets, decreased range of motion of the cervical spine, lumbar spine, and right shoulder, and positive left straight leg raising test, ) findings, current diagnoses (right knee internal derangement, cervical degenerative disc disease, cervical radiculopathy, lumbar degenerative disc disease with radiculopathy, myospasm with myofascial trigger points, and right shoulder internal derangement), and treatment to date (medications (including Naproxen, Ambien, Xanax, Wellbutrin, and ongoing treatment with Hydrocodone/Acetaminophen since at least 12/12/13), acupuncture, home exercise program, and epidural steroid injections). Medical reports identify ongoing opioid treatment assessment. In addition, 5/2/14 medical report identifies that Hydrocodone/Acetaminophen improves severe pain. Regarding Duexis, there is no documentation of history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID; and risk for gastrointestinal events. Regarding Hydrocodone/Acetaminophen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/Acetaminophen use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/duexis.html>.

**Decision rationale:** According to the records made available for review, this is a 70-year-old female with a 1/7/03 date of injury, and left knee total replacement in 2009. At the time (6/9/14) of the Decision for Duexis 800mg #90 and Hydrocodone/Acetaminophen 10/325mg #60 tablets, there is documentation of subjective (pain in both shoulder, knees, and right leg) and objective (tenderness over the right cervical paraspinal muscles and right cervical facets, decreased range of motion of the cervical spine, lumbar spine, and right shoulder, and positive left straight leg raising test, ) findings, current diagnoses (right knee internal derangement, cervical degenerative disc disease, cervical radiculopathy, lumbar degenerative disc disease with radiculopathy, myospasm with myofascial trigger points, and right shoulder internal derangement), and treatment to date (medications (including Naproxen, Ambien, Xanax, Wellbutrin, and ongoing treatment with Hydrocodone/Acetaminophen since at least 12/12/13), acupuncture, home exercise program, and epidural steroid injections). Medical reports identify ongoing opioid treatment assessment. In addition, 5/2/14 medical report identifies that Hydrocodone/Acetaminophen improves severe pain. Regarding Duexis, there is no documentation of history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID; and risk for gastrointestinal events. Regarding Hydrocodone/Acetaminophen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/Acetaminophen use to date.

**Hydrocodone/Bit/Acetaminophen 10/325mg #60 tablets:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of

pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right knee internal derangement, cervical degenerative disc disease, cervical radiculopathy, lumbar degenerative disc disease with radiculopathy, myospasm with myofascial trigger points, and right shoulder internal derangement. In addition, there is documentation of ongoing treatment with Hydrocodone/Acetaminophen. Furthermore, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation that Hydrocodone decreases pain, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/Acetaminophen use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/Acetaminophen 10/325mg #60 tablets is not medically necessary.