

<b>Case Number:</b>	CM14-0175781		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Preventive 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:

According to the records made available for review, this is a 25-year-old female with a 6/4/13 date of injury. At the time (8/14/14) of request for authorization for Duexis 800/26.6 mg PRN #30 and Terocin PRN 120 g #1, there is documentation of subjective (moderate hand pain and moderate low back pain radiating to the right hip) and objective (positive straight leg raise, tenderness to palpation over the right greater than left sacroiliac joint, mild snapping noted over the right third digit flexor tendon, tenderness to palpation over the middle phalanx of the right finger, 4/5 strength of the right third digit flexors, 5/-5 strength of the second and fourth digit finger flexors, and 5-/5 strength of the left ankle dorsiflexors and evertors) findings, current diagnoses (right hand pain with decreased range of motion of right third digit and low back pain radiating to the left greater than right hips), and treatment to date (ongoing therapy with Duexis and Terocin topical solution). Regarding Duexis 800/26.6 mg PRN #30, there is no documentation of rheumatoid arthritis and/or osteoarthritis, risk for gastrointestinal events, Duexis being used as second-line therapy following failure of NSAIDs and proton pump inhibitors, and 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 Duexis use to date.

### 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 PRN #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 67-69, 72. Decision based on Non-MTUS Citation ODG Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms and cardiovascular risk Page. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Duexis (Ibuprofen and Famotidine)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. 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. ODG identifies documentation of rheumatoid arthritis and/or osteoarthritis, and Duexis used as second-line therapy following failure of NSAIDs and proton pump inhibitors, as criteria necessary to support the medical necessity of Duexis (Ibuprofen and Famotidine). Within the medical information available for review, there is documentation of diagnoses of right hand pain with decreased range of motion of right third digit and low back pain radiating to the left greater than right hips. However, despite documentation of chronic pain, there is no (clear) documentation of rheumatoid arthritis and/or osteoarthritis. In addition, there is no documentation of risk for gastrointestinal events. Furthermore, there is no documentation of Duexis used as second-line therapy following failure of NSAIDs and proton pump inhibitors. Lastly, given documentation of ongoing treatment with Duexis, 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 Duexis use to date. Therefore, based on guidelines and a review of the evidence, the request for Duexis 800/26.6 mg PRN #30 is not medically necessary.

**Terocin PRN 120 g #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Terocin patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that

any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of right hand pain with decreased range of motion of right third digit and low back pain radiating to the left greater than right hips. However, Terocin contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Terocin PRN 120 g #1 is not medically necessary.