

Case Number:	CM14-0201188		
Date Assigned:	12/11/2014	Date of Injury:	01/27/2000
Decision Date:	01/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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 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:

This 48 year-old patient sustained an injury on 1/27/2000 while employed by [REDACTED]. Request(s) under consideration include Duexis 26.6/800mg #30, Topamax 100mg #90, Zofran 4mg #60 and Restoril 15mg #60. Diagnoses include neck pain; brachial neuritis/radiculitis; ulnar neuropathy; and RSD. Conservative care has included medications, therapy, Steroid injections, and modified activities/rest. Medications list Valium, Oxycontin, Norco, Duexis, Zofran, Restoril, and Topamax. The patient continues to treat for chronic ongoing symptoms. Report of 11/4/14 from the provider noted the patient with continued low back pain rated 7-10/10 without and 2/10 with medications, radiating into the lower extremities and hips. Exam showed unchanged findings of limited lumbar range, tenderness at paraspinals. Treatment included continued medications recommending detoxification program. The request(s) for Duexis 26.6/800mg #30, Topamax 100mg #90, Zofran 4mg #60 and Restoril 15mg #60 were non-certified on 11/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 26.6/800mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI Symptoms and Cardiovascular risk Page.

Decision rationale: This 48 year-old patient sustained an injury on 1/27/2000 while employed by [REDACTED]. Request(s) under consideration include Duexis 26.6/800mg #30, Topamax 100mg # 90, Zofran 4mg # 60 and Restoril 15mg #60. Diagnoses include neck pain; brachial neuritis/radiculitis; ulnar neuropathy; and RSD. Conservative care has included medications, therapy, Steroid injections, and modified activities/rest. Medications list Valium, Oxycontin, Norco, Duexis, Zofran, Restoril, and Topamax. The patient continues to treat for chronic ongoing symptoms. Report of 11/4/14 from the provider noted the patient with continued low back pain rated 7-10/10 without and 2/10 with medications, radiating into the lower extremities and hips. Exam showed unchanged findings of limited lumbar range, tenderness at paraspinals. Treatment included continued medications recommending detoxification program. The request(s) for Duexis 26.6/800mg #30, Topamax 100mg # 90, Zofran 4mg #60 and Restoril 15mg #60 were non-certified on 11/14/14. The medication, Duexis, contains both Ibuprofen (NSAID) and Famotidine (histamine H2 antagonist) combination. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of blood pressure issues and decreased efficacy as noted by the provider and patient. Famotidine is a medication is for treatment of the gastric and duodenal ulcers, erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for this medication namely reserved for patients with history of prior GI bleeding, the elderly, diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Duexis 26.6/800mg #30 is not medically necessary and appropriate.

Topamax 100mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: This 48 year-old patient sustained an injury on 1/27/2000 while employed by [REDACTED]. Request(s) under consideration include Duexis 26.6/800mg #30, Topamax 100mg # 90, Zofran 4mg # 60 and Restoril 15mg #60. Diagnoses include neck pain; brachial neuritis/radiculitis; ulnar neuropathy; and RSD. Conservative care has included medications, therapy, Steroid injections, and modified activities/rest. Medications list Valium,

Oxycontin, Norco, Duexis, Zofran, Restoril, and Topamax. The patient continues to treat for chronic ongoing symptoms. Report of 11/4/14 from the provider noted the patient with continued low back pain rated 7-10/10 without and 2/10 with medications, radiating into the lower extremities and hips. Exam showed unchanged findings of limited lumbar range, tenderness at paraspinals. Treatment included continued medications recommending detoxification program. The request(s) for Duexis 26.6/800mg #30, Topamax 100mg # 90, Zofran 4mg # 60 and Restoril 15mg #60 were non-certified on 11/14/14. Per MTUS Guidelines, Topamax is recommended for limited use in select chronic pain patients as a fourth- or fifth-line agent and indication for initiation is upon failure of multiple other modalities such as different NSAIDs, aerobic exercise, specific stretching exercise, strengthening exercise, tricyclic antidepressants, distractants, and manipulation. This has not been documented in this case nor has continued use demonstrated any specific functional benefit on submitted reports from treatment previously rendered. There is no failed conservative first-line treatment modality, documented ADL limitations of neuropathic origin, or acute flare-up or red-flag conditions to support for its use. The Topamax 100mg # 90 is not medically necessary and appropriate.

Zofran 4mg # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Pain Chapter

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; Antiemetics (for opioid nausea), page 773.

Decision rationale: This 48 year-old patient sustained an injury on 1/27/2000 while employed by [REDACTED]. Request(s) under consideration include Duexis 26.6/800mg #30, Topamax 100mg # 90, Zofran 4mg # 60 and Restoril 15mg #60. Diagnoses include neck pain; brachial neuritis/radiculitis; ulnar neuropathy; and RSD. Conservative care has included medications, therapy, Steroid injections, and modified activities/rest. Medications list Valium, Oxycontin, Norco, Duexis, Zofran, Restoril, and Topamax. The patient continues to treat for chronic ongoing symptoms. Report of 11/4/14 from the provider noted the patient with continued low back pain rated 7-10/10 without and 2/10 with medications, radiating into the lower extremities and hips. Exam showed unchanged findings of limited lumbar range, tenderness at paraspinals. Treatment included continued medications recommending detoxification program. The request(s) for Duexis 26.6/800mg #30, Topamax 100mg # 90, Zofran 4mg # 60 and Restoril 15mg #60 were non-certified on 11/14/14. The Ondansetron (Zofran) is provided as medication causes recurrent nausea and vomiting. Ondansetron (Zofran) is an antiemetic, serotonin 5-HT₃ receptor antagonist FDA- approved and prescribed for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, and in severe postoperative nausea and/or vomiting, and for acute gastroenteritis. Common side effects include headaches, dizziness, malaise, and diarrhea amongst more significant CNS extrapyramidal reactions, and hepatic disease including liver failure. None of these indications are industrially related to this injury of 2000. The medical report from the provider has not adequately documented the medical necessity of this antiemetic medication prescribed from

nausea and vomiting side effects of chronic pain medications. A review of the MTUS-ACOEM Guidelines, McKesson InterQual Guidelines are silent on its use; however, ODG Guidelines does not recommend treatment of Zofran for nausea and vomiting secondary to chronic opioid use. The Zofran 4mg #60 is not medically necessary and appropriate.