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| <b>Case Number:</b>   | CM14-0205462 |                              |            |
| <b>Date Assigned:</b> | 12/17/2014   | <b>Date of Injury:</b>       | 04/09/2001 |
| <b>Decision Date:</b> | 02/12/2015   | <b>UR Denial Date:</b>       | 11/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/08/2014 |

### 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 Occupational 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:

Patient is a 44 year-old male with date of injury 02/01/1996. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/30/2014, lists subjective complaints as severe low back pain that radiates to the left leg. Objective findings: Examination of the lumbar spine revealed tenderness to palpation in the midline and paraspinal musculature. Moderate to severe spasms in the bilateral paraspinal musculature. Active range of motion was diminished in all planes. Diagnosis: 1. Sprain/strain of the lumbar spine with a 6mm disc bulge at L5-S1; status post IDET procedure 2. Status post L5-S1 lumbar fusion with instrumentation 06/08/2009. The medical records supplied for review document that the patient was not prescribed the following medication before the date of the request for authorization on 10/30/2014. Medication: 1. Duexis 800/26.6mg, #90 SIG: TID

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Deuxis 800/26.6 mg quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 111.

**Decision rationale:** Duexis (famotidine and ibuprofen) is used to treat the signs and symptoms of rheumatoid arthritis and osteoarthritis. For the purposes of this review, it can be thought of it is a compounded medication. According to the MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS also states that prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend Duexis which contains the proton pump inhibitor Famotidine. Duexis 800/26.6 mg quantity 90 is not medically necessary.

**Urine drug screen (UDS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing, Risk stratification

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**Decision rationale:** The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine drug screen (UDS) is not medically necessary.