MAXIMUS Federal Services

Case Number:	CM14-0208436		
Date Assigned:	12/22/2014	Date of Injury:	08/14/2013
Decision Date:	02/20/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Colorado
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

50 year old female with date of injury 8/14/2013 continues care with treating physician. Patient's primary complaints include neck pain radiating to arms / wrists with numbness and tingling of upper extremities. Patient has tried Physical Therapy, Chiropractic Care and Cervical epidural steroid injections with little improvement. Patient does report some improvement with medications which include Ibuprofen and Flexeril, though pain ratings remain 7-8/10 in all records. Patient also uses Oxycodone and/or Tramadol from another physician.The treating physician requests Duexis and Urinalysis for medication compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg three times a day #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 22 and 68.

Decision rationale: Duexis is a combination medication with Ibuprofen and Famotidine.The MTUS Guidelines do not address Famotidine (H2 blocker) component of the Duexis, because proton pump inhibitors, not H2 blockers, are recommended by the Guidelines.Per the MTUS Guidelines, Prilosec and other Proton pump inhibitors, or Misoprostol can be indicated for use with non-steroidal anti-inflammatory drugs, in those at high risk for gastrointestinal events, or in those on high dose / multiple medications that increase risk of gastrointestinal events. To determine if a patient is at risk for adverse gastrointestinal events, the guidelines establish criteria to consider: (1) age > 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 (e.g., NSAID + low-dose ASA). Per the MTUS Guidelines, non-steroidal anti-inflammatory drugs are recommended as second line agents for pain, after trial of Acetaminophen, (particularly for those patients at risk for gastrointestinal events, cardiac events, and renal disease), to be taken at the lowest effective dose for shortest period of time. Non-steroidal anti-inflammatory drugs may be first line for moderate to severe pain, based on available evidence, though studies cannot consistently confirm that non-steroidal anti-inflammatory drugs are superior to Acetaminophen. There is no evidence that any of the non-steroidal anti-inflammatory drugs are effective long term for pain relief or functional improvement. There is no consistent evidence that non-steroidal anti-inflammatory drugs are useful for long term management of neuropathic pain. For the patient of concern, the records supplied indicate some improvement in pain with Ibuprofen as part of her regimen, though the pain ratings throughout the records are 7-8/10. The treating physician's notes do not objectively address function and improvement, if any, with Ibuprofen in regimen. The treating physician request for the Duexis indicates that patient has history of Gastric ulcers, but that is not mentioned elsewhere in the records and other physician notes mention only GERD, not ulcers. At the time of the request, patient has been taking samples of Duexis for some period and the current prescription will be an extension of that treatment. The records also indicate patient had already been taking Ibuprofen alone for some time, with no mention of gastrointestinal symptoms. Given the lack of evidence, per the Guidelines, to support long term use of non-steroidal anti-inflammatory drugs in pain treatment, and the lack of verifiable improvement in function for this patient with non-steroidal anti-inflammatory drug, and the lack of verifiable gastrointestinal symptoms or risk factors that would require acid suppression, the request for Duexis is not medically necessary.

Retrospective Urinalysis (DOS: 10/31/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions an Treatments Page(s): 78-79, and 85.

Decision rationale: Per the Guidelines, opioid use should be monitored, and there are tools recommended for that, including the 4 A's for Ongoing Monitoring: Analgesia, Adverse effects, Activities of Daily Living, and Aberrant behaviors. Urine drug screens negative for the substances prescribed would be indicators of possible aberrant behavior including noncompliance and diversion. Within the Guidelines, Chelminski includes "urine toxicology

screen negative for prescribed drugs on at least two occasions" as one of the criteria defining serious substance misuse / non-adherence. Furthermore, evidence of serious non-adherence warrants immediate discontinuation of opioids. The guidelines do not require any specific interval or frequency of urine drug screens.Per the records supplied, patient is taking narcotics from other providers and benzodiazepines (Lorazepam) from the physician requesting Urinalysis for drug screening. As above, urine drug screens can be used as a tool to monitor medication use. However, the records include multiple urine drug screens from the last year, none of which are consistent with patient's medications at the time. The records do not indicate that patient has been counselled regarding the inconsistent urine drugs screens, or that medication regimen has been altered in response to the inconsistent urine drug screens. As the patient has exhibited serious substance misuse / non-adherence with more than 2 urine drug screens negative for prescribed substances, but has not had medication adjustment in accordance with those results, further Urine testing would not be needed / medically indicated.