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| Case Number: | CM14-0208978 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 08/11/2010 |
| Decision Date: | 02/13/2015 | UR Denial Date: | 12/09/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

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 Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 31 year old male with an injury date on 08/11/2010. Based on the 11/18/2014 hand written progress report provided by the treating physician, the patient complains of low back pain. Physical exam reveals tenderness at the lumbar spine. Straight leg raise is positive at 30 degrees on the right. Range of motion is decreased. Decreased sensation is noted at the right L5-S1 dermatomes. The treatment plan is to request for "Duexis 800 mg, # 90 and Tylenol # 4." The 09/23/2014 report indicates the patient's back pain is the "same" with "+MR." The patient's work status is "remain of work." The diagnoses are: 1. Spinal stenosis NOS 2. Lumbar/lumbosac disc degeneration 3. Spinal stenosis NOS. There were no other significant findings noted on this report. The utilization review denied the request for (1) Colace #60, (2) Tylenol # 4; #60, and (3) Alexis #90 on 12/09/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 08/05/2014 to 11/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace Capsules 100 mg # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids. Page(s): 77.

Decision rationale: According to the 11/18/2014 report, this patient presents with low back pain. The current request is for Colace Capsules 100 mg # 60. Regarding constipation medication, MTUS recommends as a prophylactic treatment when initiating opioid therapy. In this case, the patient is current taking Tylenol # 4 (an opiate) and the treating physician is requesting constipation medication in anticipation of side effects to opioid therapy which is reasonable and within MTUS guidelines. The request is medically necessary.

Tylenol # 4 300 mg/60 mg, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88, 89 and 76-78.

Decision rationale: According to the 11/18/2014 report, this patient presents with low back pain. The current request is for Tylenol # 4 300 mg/60 mg, # 60. This medication was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the provided reports, the treating physician does not document any pain assessment and no numerical scale is used describing the patient's function. No specific ADL's or return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by MTUS. Therefore, the request is not medically necessary.

Alexis 800 mg, # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Duexis® (ibuprofen & famotidine)

Decision rationale: According to the 11/18/2014 report, this patient presents with low back pain. Per Utilization Review, the current request is for Alexis 800 mg, # 90. However, the Treating physician is requesting Duexis 800mg, #90. The MTUS and ACOEM Guidelines do not

address Duexis; however, ODG Guidelines states "Not recommended as a first-line drug. Horizon Pharma recently announced the launch of Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis." MTUS also does not recommend routine use of PPI's for prophylactic use without a proper GI risk assessment. Review of the provided reports do not show GI risk assessment. First line treatment with Duexis is also not recommended. Therefore, the current request is not medically necessary.