

<b>Case Number:</b>	CM14-0064541		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Internal 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:

The patient is an injured worker with a history of hand injury on February 11, 2014. The initial surgeon evaluation report dated April 10, 2014 documented that the patient had emergency fasciotomy and wound exploration secondary to the grease gun injection injury on February 11, 2014. The patient was initially hospitalized for three days for intravenous antibiotics, then was discharged. Within a day, infection worsened, and he went back to the hospital for another surgery and additional two to three days of hospitalization. All the wounds have healed since, but the left hand is still very stiff, with significant pain and focal tenderness over the left dorsal third webspace area, where the dorsal fasciotomy incision was made. He currently denies any numbness or tingling over the median and ulnar nerve distribution, but does complain of paresthesia of the dorsal third webspace area. He was referred for a surgical consultation. Hernia repair was performed in 2002. Medications included Ibuprofen. No drug allergy was noted. He denies use of tobacco. Physical examination was documented. The left hand shows the radial abduction of the ring finger. He is unable to actively adduct the left ring finger at all. However, he is able to ulnarly deviate the long finger. There is well-healed incision on the volar surface of the left long finger, as well as the dorsal first webspace, extending down approximately an inch into the distal third and fourth metacarpal neck. There is no obvious evidence of thenar or first dorsal interosseous muscle atrophies. No other visible unusual masses or lesions. No dystrophic skin changes. He is pointing out to the left third dorsal first webspace, along the incision for the area of exquisite focal pain. On deep palpation, there appeared to be a proximally mass. This represents a underlying scar tissue from fasciotomy versus a possible foreign body granuloma from the grease-gun injection injury. Although quite stiff, he does have some active flexion and extension throughout the fingers. He only has about 10 degrees to 15 degrees of active flexion on the left long and index finger. The remaining fingers on the left hand have intact flexors,

extensors, and intrinsic function. No evidence of locking or triggering. There is no evidence of infection or compromise. There is no synovial proliferation. There is no pain over the left first dorsal compartment with negative Finkelstein's test. No pain over the thumb basal joint. No pain over the scaphoid and lunate joint area with negative Watson test. Negative piano key test was noted. Normal pronation and supination was noted. Assessment was noted. Hand therapy was recommended. Magnetic resonance imaging of the hand was requested. Anti-inflammatory medications were prescribed. Diagnoses were hand joint pain, forearm joint pain, and hand joint stiffness. Norco 10/325 mg #100 and Duexis #90 with three refills were requested April 22, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #100:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone/Acetaminophen Page(s): 74-96; 91.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. The surgeon's evaluation report dated April 10, 2014 documented that the patient had emergency fasciotomy and wound exploration secondary to a grease gun injection injury on February 11, 2014. The patient was hospitalized and treated with intravenous antibiotics. A second hand surgery was subsequently performed. The left hand has residual stiffness and significant pain. Medical records document objective evidence of pathology on physical examination. Medical records provide support for the prescription of Norco. Per MTUS, Norco (Hydrocodone/Acetaminophen) is indicated for moderate to moderately severe pain. The request for Norco 10/325 mg is supported by MTUS guidelines. Therefore, the request for Norco 10/325mg #100 is medically necessary.

**Duexis 800/26.6 #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, Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Duexis (Ibuprofen / Famotidine) <http://www.d>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. FDA Prescribing Information documents that Duexis, a combination of the NSAID Ibuprofen and the Histamine H2-receptor antagonist Famotidine, is indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers, in patients who are taking ibuprofen for those indications. Use the shortest duration consistent with individual patient treatment goals. Medical records document the previous and current use of the NSAID Ibuprofen. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records do not document rheumatoid arthritis and osteoarthritis, which are the FDA indications for Duexis. Per FDA guidelines, the Famotidine, contained in Duexis, is indicated to decrease the risk of developing upper gastrointestinal ulcers. Medical records do not document upper gastrointestinal ulcers. Medical records do not document gastrointestinal complaint or conditions. Medical records do not present recent laboratory test results, which are recommended for NSAID use per MTUS. No recent blood pressure measurements were present in the medical records, which are recommended for NSAID use per MTUS. MTUS and FDA guidelines recommend monitoring of blood pressure and laboratory tests for NSAID use. Medical records do not support the use of the NSAID Ibuprofen. Duexis contains a combination of Famotidine and Ibuprofen. The request for Duexis is not supported by MTUS and FDA guidelines. Therefore, the request for Duexis 800/26.6 #90 is not medically necessary.