MAXIMUS Federal Services

Case Number:	CM15-0007227		
Date Assigned:	01/21/2015	Date of Injury:	09/20/1995
Decision Date:	04/10/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/12/2015

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: Arizona, California
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:

The injured worker is a 61 year old male, who sustained an industrial injury on September 20, 1995, from a roofing accident. He has reported chronic low back pain. The diagnoses have included muscle spasm, lumbago, thoracic/lumbosacral neuritis, and degenerative lumbar intervertebral disc. Treatment to date has included right total knee repair 2014, two lumbar surgery in 1998, two cervical surgery in 2006, and medications. Currently, the injured worker complains of moderate low back pain that radiates down both legs. A Follow-up Pain Management Physician's evaluation dated December 15, 2014, noted tenderness to palpation over the lower left mid back muscle region. A February 2013, lumbar spine x-ray was noted to show scoliosis of the spine centered at L1-L2, narrowing T12-L1, L1-L2, and L2-L3 disc spaces consistent with degenerative disc disease, and 3mm retrolisthesis on L2-L3and L3-L4 without definite spondylosis. On December 27, 2014, Utilization Review non-certified Duexis 800-26.6mg #60 with two refills, and Norco 10/325mg. The UR Physician noted that upon a review of submitted documentation, a trial of Duexis was not medically appropriate as the injured worker did not have a history of dyspepsia or ulcers and did not meet the guideline risk criteria, therefore, the request for Duexis 800-26.6mg #60 with two refills was non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that despite ling term use of the Norco, the documentation did not include any quantitative objective measures that demonstrated functional improvement or decreased pain, with prior reviews recommending weaning, therefore the request for Norco 10/325mg was non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. On January 12, 2015, the injured worker submitted an

application for IMR for review of Duexis 800-26.6mg #60 with two refills, and Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800-23.6mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 67.

Decision rationale: Duexis contains and NSAID and a proton pump inhibitor. According to the MTUS guidelines, a proton pump inhibitor is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. In addition , there was no indication of combining an NSAID with an opioid. Since the Duexis contains a PPI, the continued use of Duexis is not medically necessary.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for an unknown length of time but continued to have 7/10 pain while on the medication. The continued use of Norco is not justified and therefore not medically necessary.