

<b>Case Number:</b>	CM15-0104840		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	04/04/2005
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 31 year old female, who sustained an industrial injury on 04/04/2005. According to a progress report dated 05/01/2015, the injured worker continued to experience chronic pain through the lumbar spine including axial and radicular pain. She continued to have paraspinous muscle spasm that radiated through both lumbar and lower thoracic areas. She continued to have pain over both the facets and the sacroiliac joints. The injured worker utilized Zohydro for control of baseline pain and Norco for general and breakthrough pain. These medications had been effective in keeping her very functional and able to perform her necessary activities of daily living, both inside and outside the home. She was able to remain employed part time as a medical assistant and perform tasks such as significant standing, walking and sitting as well as moving charts. The medication provided good pain control. She had a current opioid agreement in place and was tested on a bi-monthly basis with urine drug screen test. She had remained compliant with her medications. Duexis was utilized for general pain. In the past, the injured worker had gastrointestinal issues with previous anti-inflammatories such as Aleve and Ibuprofen. Duexis provided pain control and she was able to avoid the gastrointestinal issues. She had difficulties with sleep. With Restoril, she was able to sleep 5-6 hours at night which was a significant improvement over the past. Diagnoses included lumbago multilevel with bilateral radiculopathy, facet arthropathy left greater than right, sacroiliac joint arthropathy left greater than right, myofascial syndrome, reactive insomnia and reactive depression and anxiety. The treatment plan included Zohydro, Norco, Restoril and Duexis. The injured worker was working part-time with restrictions. Currently under review is the request for Duexis and Restoril.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800mg/26.6 mg/tab #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI, NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk and Ibuprofen Page(s): 68-69 and 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Duexis (ibuprofen & famotidine).

**Decision rationale:** Duexis 800mg/26.6 mg/tab #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS states that Ibuprofen can be used for osteoarthritis, rheumatoid arthritis or mild to moderate pain relief. The MTUS states that doses over 400mg of Ibuprofen have not provided greater relief of pain. The MTUS guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The ODG states that Duexis is not recommended as a first-line drug. Duexis is a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. The MTUS states that a patient is at risk for gastrointestinal events if they meet the following criteria (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). It is unclear why the patient requires this combination medication of an NSAID and an H2 antagonist over a first line proton pump inhibitor. Furthermore, it is unclear how long the patient has been on Duexis and the MTUS recommends NSAIDs only for short-term use. Additionally, the dose of 800mg TID is not the lowest dose of Ibuprofen as the MTUS states that there is no evidence that doses over 400mg provide greater pain relief. The documentation does not support the medical necessity of Duexis. The request is not medically necessary.

**Restoril 15 mg /tab #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Restoril 15 mg /tab #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative / hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Restoril much longer than the MTUS recommended 4 week period. The documentation does not indicate extenuating circumstances, which would necessitate going against guideline recommendations. The request for continued Restoril is not medically necessary.