

<b>Case Number:</b>	CM15-0108807		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	04/19/2004
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: California

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

### 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 50-year-old female who sustained an industrial injury on 4/19/04 the result of cumulative trauma to the cervical spine and upper body. She currently complains of neck pain with a pain level of 3/10. On physical examination, the cervical spine reveals decreased range of motion in all planes, there was mild cervical paraspinal muscle tenderness and bilateral upper trapezius muscle tenderness and was weakness in the upper extremities. Medications are Percocet, Topamax, Flexeril, Duexis and Lidoderm patches. The last urine drug screen on 11/26/14 did not detect any prescription medications. Diagnoses include status post cervical fusion (6/27/14); bilateral carpal tunnel syndrome, status post carpal tunnel release x2 on the left, x1 on the right; depression associated with chronic pain; migraine headaches; opioid induced constipation. Treatments to date include medications; psychiatric treatments; cervical epidural steroid injections with 50% reduction in pain and headaches; physical therapy with benefit. Diagnostics include MRI and x-rays of the cervical spine (6/14/12) showing mild multilevel degenerative changes at C6-7. In the progress note dated 1/21/15 the treating provider's plan of care included requests for Duexis and Lidoderm patches as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

**Decision rationale:** Regarding the request for Duexis (ibuprofen-famotidine), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Motrin is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Duexis (ibuprofen-famotidine) is not medically necessary.

**Lidoderm 5% patches 2-3 every 12 hours:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

**Decision rationale:** Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, the patient has C6-7 radicular pain. However, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement because of the currently prescribed Lidoderm. As such, the currently requested Lidoderm is not medically necessary.