

<b>Case Number:</b>	CM15-0016817		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	07/02/2014
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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

### 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 48 year old female, who sustained an industrial injury on July 2, 2014. The diagnoses have included cervical spondylosis with right lumbar facet syndrome, cervical strain with mild cervical spondylosis, residual of chronic pain syndrome. Treatment to date has included medication. Currently, the injured worker complains of increased pain in the neck and upper back. She reports partial relief with Gralise. On examination, the cervical spine range of motion is decreased in flexion, extension and right/left rotation. Right side bending is decreased to 10 degrees with left side bending decreased to 5 degrees. The injured worker had cervical paraspinal spasm and a positive left cervical facet maneuver. Her suprascapular muscles had spasm and there was diffuse upper back pain with T8-T10 tenderness. She had lumbar paraspinal spasms and tenderness and reported diffuse back pain. On January 13, 2015 Utilization Review non-certified a request for Gralise 600 mg #90, Duexis #90, Gabapentin 600 mg #90, Ibuprofen 800 mg #90, noting that consideration for certification will required a failed trial of "Y" drug in this class on the ODG formulary, evidence of functional benefit as a result of medication use and evidence of failed trials of an individual PPI such as famotidine, along with ibuprofen individually; with regard to Ibuprofen, it was noted that in order for the medication to be considered for certification, there must be evidence of objective functional benefit as a result of the medication and documentation of medical necessity; and with regard to gabapentin, it was noted that the request was modified to allow for titration downward if no documentation of ongoing efficacy. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines were cited. On January 29, 2015, the injured worker submitted an

application for IMR for review of Gralise 600 mg #90, Duexis #90, Gabapentin 600 mg #90, Ibuprofen 800 mg #90.

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

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

**Gralise 600mg #90 refill: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti- Epilepsy (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) gabapentin Page(s): 18-19.

**Decision rationale:** This patient presents with increased neck and upper back pain. The current request is for Gralise 600 mg #90 refill: 2. The MTUS Guidelines page 18 and 19 have the following regarding gabapentin, gabapentin has shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered first line treatment for neuropathic pain. Review of the medical file indicates the patient has been utilizing Gralise since at least 11/04/2014. Progress report dated 12/17/2014 notes "she continues to have partial relief with Gralise." In this case, the patient presents with diffuse upper back pain with limited range of motion and there is no indication of radicular symptoms. Furthermore, the treating physician states that the patient is only receiving partial relief with Gralise. Given the patient does not meet the indication for this medication, and the lack of discussion regarding this medication's efficacy, the requested Gralise is not medically necessary.

**Duexis #90 refill: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications NSAIDs against both GI and cardiovascular risk factors Page(s): 22, 69.

**Decision rationale:** This patient presents with chronic neck and mid-back pain. The current request is for Duexis #90 refill: 2. The ODG Guidelines under the pain chapter regarding Duexis states, "not recommended as a first line drug. [REDACTED] recently announced the launch of Duexis, in combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis." For anti-inflammatory medications, the MTUS Guidelines page 22 states that anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted. For famotidine, the MTUS Guidelines page 68 and 69 states, "clinician should weigh the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. Review of the medical file indicates the patient has been utilizing Duexis since 11/04/2014. Although NSAIDs are recommended for

low back pain, the treating physician does not discuss why a combination medication is required. Furthermore, there is no GI risk assessment to determine the patient's need for prophylactic PPIs to be used in conjunction with an NSAID. The requested Duexis is not medically necessary.

**Gabapentin 600mg #90 refill 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti- Epilepsy (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) gabapentin Page(s): 18-19.

**Decision rationale:** This patient presents with continued neck and midback pain. The current request is for gabapentin 600 mg #90 refill: 2. MTUS Guidelines have the following regarding gabapentin on page 18 and 19, "gabapentin has shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered first line treatment for neuropathic pain." Review of the medical file includes progress reports from 07/07/2014 through 12/17/2014. There is no discussion regarding this medication. It appears to be an initial request. In this case, the patient presents with continued diffuse upper back pain. Examination continually notes decreased range of motion with spasm and tenderness with positive bilateral facet maneuver with diffuse back pain. There is no indication of radicular symptoms to warrant the use of gabapentin. Given the patient does not meet the indication for this medication, the requested gabapentin is not medically necessary.

**Ibuprofen 800mg #90 refill: 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** This patient presents with continued neck and midback pain. The current request is for ibuprofen 800 mg #90 refill: 2. Regarding NSAIDs, MTUS chronic pain medical treatment guidelines page 22 states, "anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective nonsteroidal anti-inflammatory drugs NSAIDs in chronic LBP and of antidepressants in chronic LBP." MTUS page 60 also states, "a record of pain and function with the medication should be recorded." When medications are used for chronic pain. Review of the medical file indicates the patient has been utilizing ibuprofen since at least 07/07/2014. In this case, the treating physician has provided no discussion regarding this medication's efficacy. There has been no record of improved function with the use of ibuprofen. Given the lack of discussion regarding this medication's efficacy, the requested ibuprofen is not medically necessary.

