

Case Number:	CM15-0134788		
Date Assigned:	07/23/2015	Date of Injury:	11/13/2002
Decision Date:	09/23/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/13/2015

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: 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 60 year old female, who sustained an industrial injury on November 13, 2002. She reported neck pain, upper extremity pain, low back pain, bilateral lower extremity pain and intermittent numbness and tingling of the lower extremities. The injured worker was diagnosed as having displaced intervertebral discs of the lumbar spine, herniated nucleus pulposus, lumbar radiculopathy and unspecified drug dependency. Treatment to date has included diagnostic studies, conservative care, medications and work restrictions. Currently, the injured worker complains of neck pain, upper extremity pain, low back pain and bilateral lower extremity pain with intermittent tingling and numbness of the lower extremities and associated sleep disruptions and reactive depression. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 30, 2015, revealed continued pain as noted with associated symptoms. It was noted she walked with an irregular gait and required a cane for stability. She rated her back and leg pain using a visual analog scale (VAS) from 1-10 with 10 being the worst at 8. Physical therapy was recommended. Medications were continued. Evaluation on April 27, 2015, revealed continued pain as noted. She rated her back and leg pain at 8 using the VAS and her neck and arm pain at 8. Chiropractic care and physical therapy were scheduled. Medications were continued. Evaluation on May 28, 2015, revealed continued pain with associated symptoms. Her depression was noted as moderate. She rated her back and leg pain at 9 using the VAS and her arm and neck pain at 8. Medications were continued. Duexis table 800-26.6mg by mouth 2 times a day as needed, #60 (30 day supply) with 1 refill, Lyrica

CAP 75mg by mouth 3 times a day #90 (30 day supply) with 1 refills and Percocet tablet 10/325mg #30 (30 day supply) were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis table 800-26.6mg by mouth 2 times a day as needed, #60 (30 day supply) with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, NSAIDs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Duexis (ibuprofen & famotidine).

Decision rationale: According to ODG, Duexis (ibuprofen & famotidine) is not recommended as a first-line drug. [REDACTED] recently announced the launch of Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. (FDA, 2012) Ibuprofen (eg, Motrin, Advil) and famotidine (eg, Pepcid) are also available in multiple strengths OTC, and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDs. ODG notes that with less benefit and higher cost, using Duexis as a first-line therapy is not justified. The medical records do not establish the medical necessity of a compounded medication. The medical records do not establish failure of first line non-selective non-steroidal anti-inflammatory medication such as Ibuprofen or Naproxen. In addition, the medical records do not establish evidence of gastrointestinal complaints to support the request for famotidine. The request for Duexis table 800-26.6mg by mouth 2 times a day as needed, #60 (30 day supply) with 1 refill is not medically necessary and appropriate.

Percocet tablet 10/325mg #30 (30 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid ongoing management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS guidelines do not support the continued use of opioids in the absence of subjective and objective functional improvement. The medical records do not establish significant subjective or objective functional improvement to support the request for Percocet. Per the MTUS guidelines, the long term use of opioids leads to dependence and tolerance. The request for Percocet tablet 10/325mg #30 (30 day supply) is not medically necessary and appropriate.

Lyrica CAP 75mg by mouth 3 times a day #90 (30 day supply) with 1 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Pregabalin (Lyrica) Page(s): 16-21, 99.

Decision rationale: Per the MTUS guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. According to the MTUS guidelines, Anti-epilepsy drugs (AEDs) are recommended for chronic neuropathic pain. A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. In this case, the medical records do not establish at least 30% reduction in symptoms and the medical records also do not establish failure with gabapentin. The request of Lyrica CAP 75mg by mouth 3 times a day #90 (30 day supply) with 1 refills is not medically necessary and appropriate.