

<b>Case Number:</b>	CM15-0144085		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	09/26/2000
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, Hawaii

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 75 year old male, who sustained an industrial injury on September 26, 2000. He reported lifting heavy carpet when he felt pain in his chest, back, and both knees. The injured worker was diagnosed as having hip pain, hip degenerative joint disease, post lumbar laminectomy syndrome, lumbar facet syndrome with post-operative femur fracture, lumbar radiculopathy, lumbosacral spondylosis, and spinal-lumbar degenerative disc disease. Treatments and evaluations to date have included MRIs, TESI's (transforaminal epidural steroid injections), left hip surgery, left knee surgery, right knee surgery, electromyography (EMG)-nerve conduction study (NCS), physical therapy, H-wave, x-rays, radiofrequency neurotomies, and medication. Currently, the injured worker reports lower backache and bilateral knee pain. The Treating Physician's report dated June 17, 2015, noted the injured worker reported his pain had increased since the previous visit, rating his pain with medications as 7 on a scale of 1 to 10, and without medication an 8 on a scale of 1 to 10. The injured worker was noted to have an ongoing significant flare to his low back, unremitting for more than one and a half months, with the injured worker reporting intense low back pain and pain in his calf/ankle at all times, worsened with activity. The injured worker was noted to have had a request for a transforaminal epidural steroid injection (ESI) denied in June of 2014 for a year with the Physician noting a plan to re-request. The injured worker's current medications were listed as Colace, Senokot-S, Norco, Neurontin, and Duexis. The physical examination was noted to show the injured worker with an antalgic gait, assisted by a cane, with restricted lumbar spine range of motion (ROM), tenderness to palpation of the lumbar paravertebral muscles with tightness and tenderness noted bilaterally, and a positive straight leg raise on the left. Light touch sensation and sensation to pin prick was noted to be decreased over the L4 and L5 lower extremity dermatome on the left side. The

treatment plan was noted to include a request for a transforaminal epidural steroid injection (ESI) at left L4-L5 and L5-S1, and prescriptions for Neurontin and Duexis. The injured worker's current work status was noted to be permanent and stationary.

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

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

#### **Duexis 800/26.6mg #60 with 3 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Duexis.

**Decision rationale:** The records dated 6/17/15 indicate the patient has continued low back, hip and bilateral knee pain. The current request is for Duexis 800/26.6mg #60 with 3 refills. The MTUS and ACOEM Guidelines do not address Duexis; however, ODG Guidelines states 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. With less benefit and higher cost, using Duexis as a first-line therapy is not justified. MTUS also does not recommend routine use of PPI's for prophylactic use without a proper GI risk assessment. Review of the provided reports show that the injured worker is 66 years old, which is a gastrointestinal risk. The available records for review justify medical necessity.

#### **Transforaminal epidural steroid injection at left L4-L5, L5-S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter Epidural Steroid Injections.

**Decision rationale:** The records dated 6/17/15 indicate the patient has continued low back, hip and bilateral knee pain. The current request is for Transforaminal ESI at left L4-5, L5-S1. The ODG states that during the Therapeutic phase: If after the initial block/blocks are given, and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the "therapeutic phase." Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. No more than 4 blocks per region per year. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. In this case, the records reveal the patient had a previous ESI with greater than 100% relief and increased functional benefit for more than 6 weeks. The request is medically necessary.