

Case Number:	CM15-0182195		
Date Assigned:	09/23/2015	Date of Injury:	08/12/2012
Decision Date:	10/28/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/16/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 64 year old female, who sustained an industrial injury on August 12, 2012. Medical records indicate that the injured worker is undergoing treatment for right hip pain, right hip derangement, groin pain, anxiety and depression. On (6-11-2015) the injured workers work status was noted to be modified duties. On (8-5-2015) the injured worker complained of constant right hip pain with associated weakness in the legs, which was worse with ambulation, bending at the waist and getting up from a chair. The pain was better with lying flat and medications. The pain was rated 6-8 out of 10 on the visual analogue scale. Objective findings noted that the injured worker had a severe antalgic gait. Examination of the right hip revealed tenderness to palpation in the right groin and hip. Range of motion was decreased compared to the left side. Sensation was reduced in the lumbar five-sacral one dermatome in the left lower extremity and the left Achilles deep tendon reflexes were absent. Subsequent documentation dated 6-10-2015 and 5-28-2015 note the injured workers pain levels to be at 6-10 out of 10. Treatment and evaluation to date has included medications, MRI of the right hip (5-6-2015), right hip injection, physical therapy (42) and chiropractic treatments. Current medications include Deuxis, Cyclobenzaprine, Norco and Baclofen. It is unclear how long the injured worker has been prescribed the current medications. Current requests include for Deuxis 800 mg three times a day # 60 with 3 refills, Norco 5-325 mg 1-2 tablets by mouth four times a day as needed # 240 and Cyclobenzaprine 5 mg one table by mouth twice a day # 90. The Utilization Review documentation dated non-certified the request for Deuxis 800 mg three times a day # 60 with 3 refills and modified the requests for Norco 5-325 mg # 25 (original # 240) and Cyclobenzaprine 5 mg # 13 (original request # 90).

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg 1 tab by mouth three times a day #60 refills: 3: Upheld

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) Chapter, Duexis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a687011.html>.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Duexis 800mg mg 1 tab by mouth three times a day #60 refills: 3 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Prescription famotidine is used to treat ulcers (sores on the lining of the stomach or small intestine); gastroesophageal reflux disease (GERD, a condition in which backward flow of acid from the stomach causes heartburn and injury of the esophagus [tube that connects the mouth and stomach]); and conditions where the stomach produces too much acid, such as Zollinger-Ellison syndrome (tumors in the pancreas or small intestine that cause increased production of stomach acid). Over-the-counter famotidine is used to prevent and treat heartburn due to acid indigestion and sour stomach caused by eating or drinking certain foods or drinks. Famotidine is in a class of medications called H2 blockers. It works by decreasing the amount of acid made in the stomach. In this case, the injured worker's working diagnoses are probable history of depression or anxiety given the use of Fluoxetine; possible history labral tear; high cholesterol; kidney stones; history of carcinoma in situ vulva. Date of injury is August 12, 2012. Request authorization is August 5, 2015. There is a single progress note from the requesting provider dated August 5, 2015. Subjectively, there is unclear documentation that states pain in the hip and weakness in the legs. Objectively, there is no tenderness palpation in the cervical or lumbar spine. There is no neurologic evaluation demonstrating motor weakness. The treatment plan indicates refill Duexis, Norco and cyclobenzaprine. Additionally, the treating provider is prescribing baclofen (a second muscle relaxant) to help with insomnia related pain. There is no clinical rationale for two muscle relaxants prescribed concurrently. There is no clinical indication or rationale with supporting documentation to support ongoing Duexis, Norco or cyclobenzaprine. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no documentation with a clinical indication or rationale to support ongoing Duexis, no documentation of gastrointestinal risk factors or comorbid conditions, Duexis 800mg mg 1 tab by mouth three times a day #60 refills: 3 is not medically necessary.

Norco 5/325mg 1-2 tabs by mouth four times a day as needed #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325mg 1 to 2 tablets by mouth four times a day as needed #240 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are probable history of depression or anxiety given the use of Fluoxetine; possible history labral tear; high cholesterol; kidney stones; history of carcinoma in situ vulva. Date of injury is August 12, 2012. Request authorization is August 5, 2015. There is a single progress note from the requesting provider dated August 5, 2015. Subjectively, there is unclear documentation that states pain in the hip and weakness in the legs. Objectively, there is no tenderness palpation in the cervical or lumbar spine. There is no neurologic evaluation demonstrating motor weakness. The treatment plan indicates refill Duexis, Norco and cyclobenzaprine. Additionally, the treating provider is prescribing baclofen (a second muscle relaxant) to help with insomnia related pain. There is no clinical rationale for two muscle relaxants prescribed concurrently. There is no clinical indication or rationale with supporting documentation to support ongoing Duexis, Norco or cyclobenzaprine. There is no documentation demonstrating objective functional improvement to support ongoing Norco. There are no detailed pain assessments or risk assessments. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no detailed pain assessments or risk assessments, Norco 5/325mg 1 to 2 tablets by mouth four times a day as needed #240 is not medically necessary.

Cyclobenzaprine 5mg 1 tab by mouth twice a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 5 mg 1 tablet by mouth twice a day #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are probable history of depression or anxiety given the use of Fluoxetine; possible history labral tear; high cholesterol; kidney stones; history of carcinoma in situ vulva. Date of injury is August 12, 2012. Request authorization is August 5, 2015. There is a single progress note from the requesting provider dated August 5, 2015. Subjectively, there is unclear documentation that states pain in the hip and

weakness in the legs. Objectively, there is no tenderness palpation in the cervical or lumbar spine. There is no neurologic evaluation demonstrating motor weakness. The treatment plan indicates refill Duexis, Norco and cyclobenzaprine. Additionally, the treating provider is prescribing baclofen (a second muscle relaxant) to help with insomnia related pain. There is no clinical rationale for two muscle relaxants prescribed concurrently. There is no clinical indication or rationale with supporting documentation to support ongoing Duexis, Norco or cyclobenzaprine. There is no documentation demonstrating objective functional improvement to support ongoing cyclobenzaprine. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no clinical indication or rationale for using two muscle relaxants concurrently, Cyclobenzaprine 5 mg 1 tablet by mouth twice a day #90 is not medically necessary.