

Case Number:	CM15-0207829		
Date Assigned:	10/26/2015	Date of Injury:	06/24/2013
Decision Date:	12/08/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/22/2015

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:

This 60 year old woman sustained an industrial injury on 6-24-2013. Diagnoses include multilevel cervical disc bulging with radiculopathy. Treatment has included oral medications including Toradol (since 04-2015) and Duexis (since 04-2015). Physician notes dated 8-5-2015 show complaints of severe neck and arm pain. The worker rates her pain 9 out of 10 without medications and 5 out of 10 with medications. The physical examination shows cervical spine spasms with "decreased" range of motion. Cervical radiculopathy is present on the right side. There is tenderness to palpation of the cerviotrapezial ridge, C5-C7 bilaterally, and at the facets. There is pain with compression, extension, and rotation as well as decreased sensation at C5-C7 bilaterally. Recommendations include continue home exercise program, TENS unit therapy, Duexis, Toradol, and request cervical spine MRI to review the images, and follow up in six weeks. Utilization Review denied a request for Toradol and modified a request for Duexis on 9-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 26.6/800mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 26.6/800mg #90 is not medically necessary. Nonsteroidal 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 nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal 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 multilevel cervical disc bulging; and cervical radiculopathy. Date of injury is June 24, 2013. Request for authorization is September 14, 2015. According to a progress note dated April 28, 2015, Duexis was first prescribed. There was no documentation of failed first-line nonsteroidal anti-inflammatory drugs. There is no clinical indication for a combination nonsteroidal anti-inflammatory and H2 receptor blocker. According to the August 5, 2015 progress note, there is ongoing neck pain 5/10 with medications. The progress note states Duexis was denied and the injured worker was taking Motrin as needed. Objectively, there is cervical spine spasm with decreased range of motion. There is positive facet tenderness. There is no clinical indication or rationale for a combination nonsteroidal anti-inflammatory nature to blocker Duexis. It is unclear whether the injured worker used Duexis for any period of time prior to noncertification. There is no clinical indication or rationale for H2 receptor blocker. There are no co-morbid conditions or risk factors for gastrointestinal events. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for an H2 receptor blocker, no comorbid conditions or risk factors for gastrointestinal events, and no clinical indication or rationale for a combination drug, Duexis 26.6/800mg #90 is not medically necessary.

Toradol 60 mg #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Toradol 60 mg #1 injection is not medically necessary. Toradol is recommended for short-term (up to five days) and management of moderately severe acute pain that requires analgesia at the opiate level. This medication is not indicated from minor or chronic painful conditions. The injection is recommended as an option to corticosteroid injections in the shoulder section with up to three injections. Toradol may be used as an alternative to opiate therapy. In this case, the injured worker's working diagnoses are multilevel cervical disc bulging; and cervical radiculopathy. Date of injury is June 24, 2013. Request for authorization is September 14, 2015. According to a progress note dated April 28, 2015, Duexis was first prescribed. There was no documentation of failed first-line nonsteroidal anti-inflammatory drugs. There is no clinical indication for a combination nonsteroidal anti-inflammatory and H2 receptor blocker. According to the August 5, 2015 progress note, there is ongoing neck pain 5/10 with medications. The progress note states Duexis was denied and the injured worker was taking Motrin as needed. Objectively, there is cervical spine spasm with decreased range of motion. There is positive facet tenderness. This medication is not indicated from minor or chronic painful conditions. The treatment plan indicates total 60 mg IM is being prescribed for a flareup. There is no documentation of a flareup in the medical record. Toradol is not indicated for chronic painful conditions. There is no clinical indication or rationale for Toradol in the progress note documentation. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for Toradol and guideline non recommendations for Toradol in chronic painful conditions, Toradol 60 mg #1 injection is not medically necessary.