

Case Number:	CM14-0127793		
Date Assigned:	09/23/2014	Date of Injury:	02/25/2010
Decision Date:	10/22/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 57 year old female with a 2/25/2010 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/14/14 noted subjective complaints of neck pain, headache, and low back pain. Objective findings included cervical spine paraspinal tenderness with spasm. Medications include dilaudid, fentanyl patch, and lunesta, duexis, baclofen, and cymbalta. Diagnostic Impression: cervical disc disease, low back pain Treatment to Date: medication management, lumbar fusion A UR decision dated 8/5/14 denied the request for fentanyl patch 25 ug #10. It also denied Duexis #90. It also denied baclofen 20 mg #90. There are no rationales provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 25ug #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Duragesic Fentanyl Transdermal System Page(s): page 45.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Duragesic is indicated in the management of chronic pain in patients who require continuous

opioid analgesia for pain that cannot be managed by other means, but is not recommended as a first-line therapy. However, the requested medication is not first-line therapy per guidelines. There is no documentation of failure of first line medications in the management of the patient's pain. There is no specific documentation of objective functional benefit solely derived from fentanyl patch usage. Therefore, the request for fentanyl patch 25 ugm #10 was not medically necessary.

Duexis #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): page 46. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) pain chapter - duexis x Other Medical Treatment Guideline or Medical Evidence: FDA (duexis)

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Duexis is a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. ODG states this medication is not recommended as a first-line drug (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. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy. However, there is no documentation that there is a contraindication to the guideline recommended PPI for GI prophylaxis in the setting of NSAID usage. Therefore, the request for Duexis #90 was not medically necessary.

Baclofen 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines non sedating muscle relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines muscle relaxants Page(s): page 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In addition muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, there is no mention of acute exacerbation of low back pain. With an original injury date of 2010, it is unclear how long the patient has been on baclofen. Guidelines do no

recommend the chronic use of muscle relaxants due to lack of efficacy and risk of dependence. Therefore, the request for baclofen 20 mg #90 was not medically necessary.