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| <b>Case Number:</b>   | CM14-0163792 |                              |            |
| <b>Date Assigned:</b> | 10/08/2014   | <b>Date of Injury:</b>       | 05/18/2010 |
| <b>Decision Date:</b> | 11/07/2014   | <b>UR Denial Date:</b>       | 09/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/06/2014 |

### 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 Pain Management and Rehabilitation, 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 55 year-old Linen Finisher sustained an injury to her right wrist, right shoulder, knees, and spine on 5/18/10 from being entangled in cords while employed by [REDACTED]. Request(s) under consideration include Flector patches #30 and Duexis 900mg #60. Report of 7/15/14 from the provider noted the patient with continued knee symptoms and is undergoing PT. Exam showed effusion with tenderness to medial compartment, positive McMurray's and patellofemoral crepitation with positive grind test; range of 0-125 degrees, but was due to leg size. The patient did not want to undergo any injection. Report of 9/9/14 from the provider noted continued ongoing chronic bilateral knee pain with stiffness, swelling and difficulty getting up from a seated position. Exam of the knees was essentially unchanged, identical. MRI of left knee on 4/9/14 showed degenerative changes with questionable findings in medial and lateral menisci. Treatment includes medications. The request(s) for Flector patches #30 and Duexis 900mg #60 were non-certified on 9/19/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patches #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): Page 22.

**Decision rationale:** Request(s) under consideration include Flector patches #30 and Duexis 900mg #60. Report of 7/15/14 from the provider noted the patient with continued knee symptoms and is undergoing PT. Exam showed effusion with tenderness to medial compartment, positive McMurray's and patellofemoral crepitation with positive grind test; range of 0-125 degrees, but was due to leg size. The patient did not want to undergo any injection. Report of 9/9/14 from the provider noted continued ongoing chronic bilateral knee pain with stiffness, swelling and difficulty getting up from a seated position. Exam of the knees was essentially unchanged, identical. MRI of left knee on 4/9/14 showed degenerative changes with questionable findings in medial and lateral menisci. Treatment includes medications. The request(s) for Flector patches #30 and Duexis 900mg #60 were non-certified on 9/19/14. Per Guidelines, The efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Topical NSAIDs (Flector patch) are not supported beyond trial of 2 weeks for this 2010 injury. There is no documented functional benefit from treatment already rendered. The Flector patches #30 is not medically necessary and appropriate.

**Duexis 900mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), page 22 and NSAIDs, GI symptoms, and cardiovasc.

**Decision rationale:** Request(s) under consideration include Flector patches #30 and Duexis 900mg #60. Report of 7/15/14 from the provider noted the patient with continued knee symptoms and is undergoing PT. Exam showed effusion with tenderness to medial compartment, positive McMurray's and patellofemoral crepitation with positive grind test; range of 0-125 degrees, but was due to leg size. The patient did not want to undergo any injection. Report of 9/9/14 from the provider noted continued ongoing chronic bilateral knee pain with stiffness, swelling and difficulty getting up from a seated position. Exam of the knees was essentially unchanged, identical. MRI of left knee on 4/9/14 showed degenerative changes with questionable findings in medial and lateral menisci. Treatment includes medications. The request(s) for Flector patches #30 and Duexis 900mg #60 were non-certified on 9/19/14. The medication, Duexis, contains both Ibuprofen (NSAID) and Famotidine (histamine H2 antagonist) combination. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen especially in light of side effects of blood pressure issues and decreased efficacy as noted by the

provider and patient. Famotidine is a medication is for treatment of the gastric and duodenal ulcers, erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for this medication namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Duexis 900mg #60 is not medically necessary and appropriate.