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| Case Number: | CM14-0182130 | | |
| Date Assigned: | 11/07/2014 | Date of Injury: | 12/30/2003 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 10/06/2014 |
| Priority: | Standard | Application Received: | 11/03/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 66-year-old male with a date of injury of 12/30/2003. The listed diagnoses are: 1. Status post lumbar fusion, malpositioned left L4 screw. 2. Lumbar spine degenerative disk disease. 3. Cervical spine degenerative disk disease. 4. Left knee strain. According to progress report 09/02/2014, the patient presents with continued low back pain that radiates into the left leg. Examination of the lumbar spine revealed healed surgical incision, painful limited range of motion, and muscle spasms. Lasegue and straight leg raise tests were both positive. Tenderness to palpation is present over the hardware. The treater is requesting Duexis 800/26.6 mg #60 and Norco 5/325 mg #120. Utilization review denied the request on 10/06/2014. Treatment reports from 05/13/2014 to 10/21/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th Edition (web), 2014, Pain, Compounded Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, GI symptoms and cardiovascular risk Page(s): 22, 69.

Decision rationale: This patient presents with continued low back pain that radiates into the left leg. The treater is requesting Duexis 800/26.6 mg #60. For anti-inflammatory medications, the MTUS Guidelines page 22 states "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." For Famotidine, The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or Omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient was prescribed Motrin and Norco since 05/13/2014. On 09/02/2014, the treater replaced Motrin with Duexis. There is no discussion as to why this medication is being initiated. Although NSAIDs are recommended for low back pain, the treater does not discuss why a combination medication is required. There is no GI risk assessment to determine the patient's need for prophylactic PPIs to be used in conjunction with an NSAID. The request is not medically necessary.

Norco 5/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89, 76-78.

Decision rationale: This patient presents with continued low back pain that radiates into the left leg. The treater is requesting Norco 5/325 mg #120. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been taking Norco since at least 07/01/2014. This patient is currently temporarily totally disabled. In this case, recommendation for further use of Norco cannot be supported as the treater does not provide pain assessment or outcome measures as required by MTUS. There is no before and after pain scales to show analgesia, no specific ADLs are discussed, and there is no change in work status from taking long-term medications. The treater does not provide possible adverse side effects or aberrant issues. Urine toxicology screens and CURES reports are not provided as well. Given the lack of sufficient documentation for opiate management, the request is not medically necessary.