

<b>Case Number:</b>	CM14-0183022		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 26, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; adjuvant medications; electrodiagnostic testing of June 11, 2014, reportedly notable for mild-to-moderate right-sided carpal tunnel syndrome and mild left-sided carpal tunnel syndrome; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 24, 2014, the claims administrator approved a pain management consultation, employing non-MTUS Chapter 7 ACOEM Guidelines; denied lumbar facet blocks, employing non-MTUS ODG Guidelines; approved Tylenol No. 3; denied Duexis, employing non-MTUS ODG Guidelines; and approved Lyrica. The applicant's attorney subsequently appealed. In an October 7, 2014 progress note, the applicant reported ongoing complaints of neck, shoulder, and low back pain, 8/10. The applicant was using Lyrica, Duexis, and Tylenol with Codeine, it was acknowledged. Review of systems was not performed. Tylenol No. 3, Duexis, and Lyrica were endorsed. Facet injections were also sought. The applicant did have difficulty walking secondary to pain, especially heel and toe ambulation. The applicant was given refills of Tylenol No. 3, Duexis, and Lyrica. A pain management consultation and facet injections were sought. It was stated that the applicant could consider a right shoulder arthroscopy at a later date. A rather proscriptive 5-pound lifting limitation was endorsed. It was not clearly stated whether or not the applicant was working with said limitation in place. In a June 25, 2014 progress note, the applicant was described as having complaints of low back pain radiating into the right lower extremity, 6-7/10. 4+/5 right lower extremity strength was appreciated, on exam. The applicant went on to undergo electrodiagnostic testing on this date, which was reportedly negative for radiculopathy, although

the electro diagnostician qualified his recommendation by noting that many radiculopathies were not necessarily amenable to detection via electrodiagnostic testing.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Facet Block L4-5 and L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Facet Joint Diagnostic Blocks

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, the article at issue, are deemed "not recommended." In this case, it is noted that there is considerable lack of diagnostic clarity here. The applicant's ongoing complaints of low back pain radiating into the right leg argue against the presence of any facetogenic low back pain for which facet injections could be considered. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity present here as well as owing to the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

#### **Tylenol #3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work, on total temporary disability. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Tylenol No. 3 usage. Therefore, the request is not medically necessary.

#### **Duexis 800mg/26mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Library of Medicine (NLM), Duexis Medication Guide

**Decision rationale:** Duexis is an amalgam of ibuprofen and famotidine, per the National Library of Medicine (NLM). While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as Duexis can be employed to combat issues with NSAID-induced dyspepsia, in this case, however, there was no explicit mention of issues with reflux, heartburn, and/or dyspepsia on any of the progress notes, referenced above, arguing against the need for the famotidine component of the Duexis amalgam. Since one component of the amalgam is not recommended, the entire amalgam is not recommended. Therefore, the request is not medically necessary.