

<b>Case Number:</b>	CM14-0150883		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	12/20/2004
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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. 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 50-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 20, 2004. In a Utilization Review report dated August 29, 2014, the claims administrator failed to approve requests for Duexis, Reglan, Valium, and Paxil. The claims administrator referenced an office visit of August 19, 2014 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated October 21, 2014, Lidoderm patches and topical Dendracin were endorsed. In an associated progress note of the same date, October 21, 2014, the applicant reported worsening neck pain, elbow pain, hand pain, thigh pain, ankle pain, and foot pain, reportedly constant. The applicant was using Paxil, Valium, Reglan, Lidoderm patches, and Dendracin, it was reported. The applicant had been deemed permanently disabled, the treating provider reported. Permanent work restrictions were renewed, seemingly resulting in the applicant's removal from the workplace. The applicant was given a Toradol injection in the clinic owing to reportedly worsening pain complaints. Little-to-no discussion of medication efficacy transpired at this point. The applicant stated that her pain was interfering with activities of daily living as basic as sleeping, dressing, and walking. There was no discussion of mental health issues on this date. On January 21, 2015, the attending provider posited that Valium was being endorsed for unrelenting anxiolytic effect and/or insomnia. Once again, there was no discussion as to whether or not ongoing usage of Paxil had or had not proven beneficial here.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800/20mg #90 with 6 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69 and 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** No, the request for Duexis, an amalgam of ibuprofen and famotidine, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen, the primary ingredient in the Duexis amalgam, do represent the traditional first-line treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was off of work, despite ongoing usage of Duexis. Ongoing usage of Duexis failed to curtail the applicant's dependence on topical compounds such as Dendracin. The applicant's pain complaints were consistently described as severe, worsening, and unrelenting, as suggested above. Permanent work restrictions were renewed, unchanged, from visit to visit, despite ongoing Duexis usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Reglan 10mg #30 with 6 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Literature, Ann Intern Med. 1982 Jan 98 (1) 86-95, Metoclopramide: pharmacology and clinical application.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration Indications and Usage: REGLAN ODTM is a dopamine receptor antagonist indicated for: Symptomatic Gastroesophageal Reflux: Short-term (4 to 12 weeks) therapy for adults with symptomatic, documented gastroesophageal reflux who fail to respond to conventional therapy. (1.1) Diabetic Gastroparesis (Diabetic Gastric Stasis): The relief of symptoms associated with acute and recurrent diabetic gastric stasis. (1.2) Important Limitations. The use of REGLAN ODTM is recommended for adults only. Safety and effectiveness in pediatric patients have not been established. (8.4) Therapy should not exceed 12 weeks in duration (1.3).

**Decision rationale:** Similarly, the request for Reglan, an antiemetic medication, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS

Chronic Pain Medical Treatment Guidelines stipulate that an attending provider employing a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Reglan is indicated in the treatment of symptomatic gastroesophageal reflux for short-term purposes, for 4-12 weeks, and can also be employed for diabetic gastroparesis purposes. However, the Food and Drug Administration (FDA) notes that Reglan therapy should not exceed 12 weeks in duration. Here, however, the attending provider did not establish the presence of issues with diabetic gastroparesis and/or gastroesophageal reflux disease which would have compelled the usage of Reglan. It is further noted that the 30-tablet, six-refill supply of Reglan at issue, in and of itself, represents treatment in excess of the 12-week cap on Reglan usage suggested by the FDA. The attending provider failed to furnish compelling evidence or compelling applicant-specific rationale so as to support such usage in the face of the unfavorable FDA position on the same. Finally, the attending provider did not ever establish the presence of issues with nausea and/or vomiting which would have compelled short-term provision of Reglan. Therefore, the request was not medically necessary.

**Valium 5mg #60 with 6 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Similarly, the request for Valium, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Valium may be employed for brief periods, in cases of overwhelming symptoms, here, however, the applicant was seemingly using Valium for what amounted to chronic, long-term, and/or daily use purposes, for anxiolytic and/or sedative effect purposes. These were/are not, however, ACOEM- endorsed roles for Valium. Therefore, the request was not medically necessary.

**Paxil 40mg #30 with 6 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Finally, the request for Paxil, a SSRI antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes weeks for antidepressants such as Paxil to exert their maximal effect, here, however, the applicant had been using Paxil for what appeared to be a minimum of several months. The applicant continued to report severe symptoms of depression, anxiety, and/or insomnia, requiring long-term usage of Valium. The applicant remained off of work, despite ongoing Paxil usage. All

of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.