

Case Number:	CM14-0212378		
Date Assigned:	01/02/2015	Date of Injury:	08/16/2007
Decision Date:	02/28/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/18/2014

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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 16, 2007. In a Utilization Review Report dated November 28, 2014, the claims administrator approved a request for Duexis while denying a request for Nucynta. The applicant did present with complaints of wrist and shoulder pain, the claims administrator noted. Non-MTUS ODG Guidelines were invoked, along with a progress note of November 13, 2014. The applicant's attorney subsequently appealed. On September 18, 2014, the applicant reported ongoing complaints of wrist pain with associated difficulty gripping and grasping. The applicant was still working as a truck driver. The applicant was using Zorvolex and a TENS unit. Zorvolex was refilled. The applicant reported 4/10 pain with medications versus 9/10 pain without medications. The applicant stated that ability to perform activities of daily living was likewise ameliorated as a result of ongoing medication consumption, which the attending provider stated was allowing the applicant to continue working. An orthopedic consultation was endorsed. There was no mention of either Duexis or Nucynta on this occasion. Similarly, on July 17, 2014, the applicant was again asked to employ Tylenol and Zorvolex for pain relief. The applicant also had samples of Vimovo, which she is using. Once again, it was stated that the applicant was working as a truck driver, reporting 5/10 pain with medication versus 8/10 pain without pain medications. Once again, there was no mention of either Duexis or Nucynta. In a November 13, 2014 progress note, the applicant reported persistent complaints of wrist pain exacerbated by gripping and grasping. On November 13, 2014, the applicant reported 4-9/10 pain. The applicant stated that he was using Duexis as an

anti-inflammatory at this point. Duexis and Nucynta were both refilled. The applicant stated that he was using Nucynta occasionally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis #90: Upheld

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

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 National Library of Medicine (NLM), Duexis Medication Guide.

Decision rationale: No, the request for Duexis was not medically necessary, medically appropriate, or indicated here. Duexis, per the National Library of Medicine (NLM), is an amalgam of ibuprofen, an NSAID, and famotidine, an H2 antagonist. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonist such as Duexis are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant experiencing any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on multiple progress notes, referenced above, including those dated November 13, 2014, July 17, 2014, and/or May 8, 2014. The applicant did state, furthermore, that he was using Zorvolex (diclofenac) without any seeming difficulty, impediment, and/or impairment on July 17, 2014, seemingly arguing against the need for the famotidine component of the Duexis amalgam. Since one component in the amalgam is not recommended, the request was not medically necessary.

Nucynta 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Tapentadol topic.

Decision rationale: Similarly, the request for Nucynta (tapentadol) was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of Nucynta. However, ODG's Chronic Pain Chapter Tapentadol topic notes that tapentadol or Nucynta is recommended only as second-line therapy in applicants who developed intolerable adverse effects with first-line opioids. Here, the attending provider did not describe any evidence of side effects to and/or failure of first-line opioids on the November 13, 2014 progress note on which Nucynta was endorsed. Therefore, the request was not medically necessary.

