

<b>Case Number:</b>	CM15-0012070		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	04/16/2007
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 35 year old female, who sustained an industrial injury on April 16, 2007. She has reported neck pain and stiffness, arm pain, and headache. The diagnoses have included chronic myofascial pain, cervical spondylosis, chronic interscapular pain, and severe neck/trapezius strain. Treatment to date has included ice, medications, physical therapy and home exercises. A progress note dated November 24, 2014 indicates a chief complaint of continued neck pain and stiffness. Physical examination showed normal cervical spine range of motion and moderate to severe tenderness to palpation of the shoulders. The treating physician is requesting acupuncture for eight visits and a prescription for Duexis. On December 31, 2014 Utilization Review denied the requests citing the MTUS chronic pain medical treatment guidelines and acupuncture guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tablets of Duexis 800mg/26.6mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptom.

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

**Decision rationale:** Based on the 11/24/14 progress report provided by treating physician, the patient presents with neck pain rated 8-9/10. The request is for 60 Tablets Of Duexis 800MG/26.6MG. Patient's diagnosis on 11/24/14 included cervicgia and cervical spondylosis without myelopathy. Patient's medications include Duexis and Biofreeze gel per treater report dated 11/24/14. Patient is on home exercise program. Based on physical therapy notes, patient had 12 visits from 07/15/14 - 11/03/14. The patient remains permanent and stationary. Per FDA label indication, Duexis is a combination of the NSAID Ibuprofen and the histamine H2-receptor antagonist famotidine indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers, which in the clinical trials was defined as a gastric and/or duodenal ulcer, in patients who are taking ibuprofen for those indications. The clinical trials primarily enrolled patients less than 65 years of age without a prior history of gastrointestinal ulcer. 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, MTUS 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. Treater has not provided reason for the request. Duexis appears to be initiated per treater report dated 11/24/14. MTUS does not recommend routine use of PPI's for prophylactic use without a proper GI risk assessment. Review of medical records do not show GI risk assessment, or documentation of GI issues such as GERD, gastritis or peptic ulcer, for which histamine H2-receptor antagonist such as Famotidine would be indicated. Treater does not discuss why a combination medication is required, either. Therefore, the request IS NOT medically necessary.

**8 Acupuncture visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** Based on the 11/24/14 progress report provided by treating physician, the patient presents with neck pain rated 8-9/10. The request is for 8 acupuncture visits. Patient's diagnosis on 11/24/14 included cervicgia and cervical spondylosis without myelopathy. Patient's medications include Duexis and Biofreeze gel per treater report dated 11/24/14. Patient is on home exercise program. Based on physical therapy notes, patient had 12 visits from 07/15/14 - 11/03/14. The patient remains permanent and stationary. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is

documented as defined in Section 9792.20(e). "Treater has not provided reason for the request. There is no discussion of treatment history or acupuncture notes available. Given patient's condition, a trial of acupuncture would be indicated by guidelines. However, the request for 8 sessions exceeds what is allowed by MTUS for a trial of acupuncture. If the treater's intent was additional treatment, MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) as significant change in ADL's, or change in work status AND reduced dependence on other medical treatments, prior to extending additional treatments. Treater has documented change in work status, as patient "may return to modified work." However, there are no discussions of specific examples describing significant change in ADL's or work functions, nor documented decrease in medications, to warrant extension of acupuncture treatment. Therefore, the request IS NOT medically necessary.