MAXIMUS Federal Services

Case Number:	CM15-0018902		
Date Assigned:	02/06/2015	Date of Injury:	09/15/2005
Decision Date:	03/31/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/02/2015

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 54 year old female, who sustained an industrial injury on September 15, 2005. The diagnoses have included cervical disc degeneration, lumbar facet syndrome, chronic back pain, possible piriformis syndrome, spasm of muscle, cervical radiculopathy, and urinary incontinence. Treatment to date has included MRI, electrodiagnostic studies, work modifications, epidural steroid injections, and medications. On January 6, 2015, the treating physician noted neck pain that was unchanged since prior visit. Her pain level was 7 on a 1-10 scale with medications and 9 without medications. She had a cervical epidural steroid injection that provided some relief. Currently she was using oral shot-acting and long-acting pain, topical pain, anti-epilepsy, muscle relaxant, steroid, histamine H2-receptor antagonist, and non-steroidal anti-inflammatory medications. The physical exam revealed restricted cervical range of motion - limited by pain, tenderness and tight muscle band of the paravertebral muscles bilaterally; tenderness of the paracervical muscles and trapezius, and Spurling's test caused muscle pain but no radicular symptoms. There was a trigger point with radiating pain and twitch response at the cervical paraspinal muscles on right trapezius. The lumbar spine exam revealed restricted range of motion, tenderness and tight muscle band of the right paravertebral muscles with hypertonicity and spasm, a decreased ankle jerk bilaterally, and tenderness over the right posterior iliac spine. There was restricted range of motion of the right shoulder, and tenderness of the acromioclavicular joint, glenohumeral joint, and subdeltoid bursa. The treatment plan included nonsteroidal anti-inflammatory/histamine H2-receptor antagonist medication and awaiting approval for trigger point injection. The treating physician noted she had failed a non-steroidal

anti-inflammatory medication due to side effects. On February 2, 2015, the injured worker submitted an application for IMR for review of requests for Ibuprofen 800mg #60 and Famotidine 20mg #60. The Ibuprofen was non-certified based on lack of rationale to warrant the requested medication as it is no more effective than her other current medications. In addition, there was documentation of prior failure to respond to Motrin and she had side effects related to the medication. The Famotidine was non-certified based on lack of documentation of the patient being on an NSAID (non-steroidal anti-inflammatory drug) or had a risk of gastrointestinal events to warrant this medication. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 69, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Pain Outcomes and Endpoints Page(s): 8-9, 22.

Decision rationale: The 1/29/2015 Utilization Review letter states the ibuprofen 800mg, #60, requested on the 1/06/15 medical report was denied because the the requested medication is no more effective than the other medications that she is currently on According to the 1/06/15 medical, the patient is a 54 year-old female with a 9/15/2005 injury date. She presents with 8/10 with meds to 10/10 pain without meds, and has been diagnosed with: Cervical disc degen; chronic back pain; lumbar facet syndrome; and spasm of muscle. Medications include: OxyContin 15mg bid; Percocet 10/325mg bid; Flexeril 10mg qhs; Lyrica 75mg bid; Lidoderm 5% patch, 3 patches/day; and Duexis 800-26.6mg. But the Duexis has not been approved, so the patient was prescribed ibuprofen 800mg #60 and famotidine 20mg #60. The prior medical report is dated 12/09/14 and shows pain at 9/10 with meds to 10/10 without meds and shows the only change in medications was that the patient was talking both Celebrex 200mg with the Duexis 800-26.6. The 11/11/14 medical report shows same pain levels and same medications as on 12/09/14. There is no subjective decrease in pain with use of ibuprofen and no significant improvement in function or quality of life with ibuprofen. MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications 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. Ibuprofen is an anti-inflammatory medication, and MTUS does allow this as a first-line treatment. However, MTUS also states all treatment must focus on functional improvement. In this case, the patient has been using Duexis which is ibuprofen combined with famotidine, but has no decrease in pain or functional improvement. MTUS does not recommend continuing treatment that is not effective. The request for Ibuprofen 800mg, #60 IS NOT medically necessary.

Famotidine 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 69, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The 1/29/2015 Utilization Review letter states the Famotidine 20 mg, #60, requested on the 1/06/15 medical report was denied because the the clinical documentation submitted for review did not note that this patient was on an NSAID or had risk of gastrointestinal events to warrant use of this medication According to the 1/06/15 medical, the patient is a 54 year-old female with a 9/15/2005 injury date. She presents with 8/10 with meds to 10/10 pain without meds, and has been diagnosed with: Cervical disc degen; chronic back pain; lumbar facet syndrome; and spasm of muscle. Medications include: OxyContin 15mg bid; Percocet 10/325mg bid; Flexeril 10mg qhs; Lyrica 75mg bid; Lidoderm 5% patch, 3 patches/day; and Duexis 800-26.6mg. But the Duexis has not been approved, so the patient was prescribed ibuprofen 800mg #60 and famotidine 20mg #60. The prior medical report is dated 12/09/14 and shows pain at 9/10 with meds to 10/10 without meds and shows the only change in medications was that the patient was talking both Celebrex 200mg with the Duexis 800-26.6. The 11/11/14 medical report shows same pain levels and same medications as on 12/09/14. There is no subjective decrease in pain with use of ibuprofen and no significant improvement in function or quality of life with ibuprofen. The pain levels seem to improve slightly when Celebrex was discontinued. There is no discussion of the GI event risk factors outlined under MTUS for use of an H2 receptor antagonist such as famotidine. There was no mention of dyspepsia from use of the NSAIDs ibuprofen or Celebrex. MTUS Chronic Pain Medical Treatment Guidelines Pg 68-69 under NSAIDs, GI symptoms & cardiovascular risk, for Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Also determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no rationale provided for the use of famotidine and no discussion of efficacy with the famotidine that was already trialed. The available reports did not show dyspepsia from NSAID therapy, nor any of the MTUS risk factors for GI events. The request for famotidine 20mg #60, IS NOT medically necessary.