MAXIMUS Federal Services

| Case Number: | CM15-0019829 | | |
|---|---|---|---|
| Date Assigned: | 02/09/2015 | Date of Injury: | 05/28/2013 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 01/12/2015 |
| 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 53-year-old man who reported a cumulative trauma injury from 05/28/2012 through 05/28/2013. The mechanism of injury reportedly occurred from repetitive heaving lifting, loading, unloading, pushing, pulling, bending, kneeling and squatting. His diagnoses include sprain of neck, sprain of thoracic region and depressive disorder. Medications included Norco 10/325 mg and Duexis 800 mg. Surgical history included sinus surgery. Diagnostic studies included x-rays of the cervical spine and lumbar spine, CT scan of the abdomen and pelvis, MRI of the lumbar spine, MRI of the cervical spine and bilateral upper EMGs, bilateral lower EMGs. On 12/02/2014, the injured worker was seen for back pain. The clinical note is handwritten and hard to decipher. The injured worker had persistent low back pain on a scale with pain level at 6/10 to 9/10. The pain radiated to bilateral lower extremities. Neck pain was rated as 7/10 and 8/10 and was intermediate. Upon examination, there was tenderness to the thoracic spine. Straight leg raise was positive bilaterally. There was tenderness to the cervical spine. The treatment plan included Norco 10/325 to be changed to Duexis 80 mg. The request is for Duexis 800 mg x90. The Request For Authorization was not provided within the documentation submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800mg x 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Duexi (ibuprofen & famotidine).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duexis.

**Decision rationale:** The request for Duexis 800mg x 90 is not supported. The injured worker has a history of chronic back pain. The Official Disability Guidelines do not recommend Duexis recommended as a first-line drug. Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. There is lack of documentation that the injured worker has improvement from said medication. There is lack of documentation within the request for the frequency the medication is to be given. The request is not supported. As such, the request is not medically necessary.

**Norco 10/325 x 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78, 91.

**Decision rationale:** The request for Norco 10/325 mg #90 is not supported. The injured worker has a history of chronic back pain. The CA MTUS guidelines recommend for intermittent or breakthrough pain. There should be on going monitoring of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There is lack of documentation of ongoing pain relief, functional status, appropriate medication use, and side effects. There is lack of documentation of the frequency provided within the request. The request is not supported. As such, the request is not medically necessary.