

Case Number:	CM15-0117890		
Date Assigned:	06/26/2015	Date of Injury:	09/29/2009
Decision Date:	08/14/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/18/2015

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: New York
 Certification(s)/Specialty: Pediatrics, Internal 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 injured worker is a 59-year-old male, who sustained an industrial injury on 09/29/2009. He reported that he was raking walnuts and inadvertently backed into and fell into a large bin. He subsequently complained of right shoulder and low back pain. Treatment to date has included x-rays, cortisone injection to the right shoulder, MRI of the lumbar spine and right shoulder and medications. According to a progress report dated 03/18/2015, the injured worker complained of neck pain, right upper extremity shoulder pain with weakness and back pain. Nothing really helped the pain. He was not currently working and was on permanent disability. Pain was rated 8 on a scale of 1-10 with medications. Current medications included Duexis 800mg-26.6mg tablet three times a day and Norco 5mg-325mg every 4 hours as needed. Beck depression test showed severe depression. Mood disorder questionnaire was negative. ADHD test was positive. He had cause of concern on the anxiety inventory and moderate social phobia. Diagnoses included lumbago, low back pain and pain shoulder joint. Prescriptions were given for his current medication regimen, which included Duexis 800mg-26.6mg tablet three times a day, and Norco 5mg-325mg every 4 hours as needed, maximum of 3 a day. A qualitative drug screen was performed. According to a progress report dated 04/24/2015, the injured continued to have pain in the right arm and hand. He had lumbar pain and shoulder pain. Pain level was unchanged and was rated 8 on a scale of 1-10 with medications. He had been taking more meds to continue working as a lawn service worker. Prescriptions included Norco 10-325mg every 4 hours as needed and Duexis 800mg-26.6mg three times a day. Norco dosage was increased from the previous visit. On 05/22/2015, the injured worker reported right arm and hand pain. He still had

trouble doing anything overhead and gripping things in his hand. The upper arm throbbled up to his neck. He had tingling in the forearm and fingers. He did well on the current dose of medication. He was waking up at night from the pain so he did not have enough pain meds to get him through. The provider noted that if he had another pill per day that it might help. Pain level was rated 6 on a scale of 1-10 with medication and 9 without medication. Prescriptions included Norco 10mg by mouth every 4-5 hours as needed for 30 days for a total of 120. Currently under review is the request for Norco 10/325mg #120 and Duexis 800/26.6mg #90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Discontinue Opioids Page(s): 78, 79-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identify the following considerations for on-going management of opioid therapy prescriptions should be from a single practitioner and taken as directed, and all prescriptions should be from a single pharmacy, the lowest possible dose should be prescribed to improve pain and function, the practitioner should perform ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects and to aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. While the patient's pain diary is not a requirement for pain management, it may be used to help in tailoring the opioid dose. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Guidelines note circumstances of when to discontinue opioids, which include if there is no overall improvement in function, unless there are extenuating circumstances. In this case, documentation did not include the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There were no documented improved functional/objective findings with use of Norco. As such, the request for Norco 10/325mg #120 is not medically necessary.

Duexis 800/26.6mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Duexis.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that 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. CA MTUS Chronic Pain Medical Treatment Guidelines do not address Duexis in the section on combination NSAID/GI protectant. Official Disability Guidelines state that Duexis (ibuprofen and famotidine) is not recommended as a first-line drug. Horizon Pharma recently announced the launch of Duexis, a combination of ibuprofen 800mg and famotidine 26.6mg, indicated for rheumatoid arthritis and osteoarthritis. Ibuprofen (eg, Motrin, Advil) and famotidine (eg, Pepcid) are also available in multiple strengths over-the-counter and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDs. According to MTUS guidelines, it is necessary to determine if the patient is at risk for gastrointestinal events. Risk factors are: (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 (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. In this case documentation does not show that the injured worker suffers from rheumatoid arthritis or osteoarthritis nor that there were symptoms or risk factors for GI events. There was not documentation of functional benefit or improvement as an increase in activity tolerance and/or a reduction in the use of medications as a result of Duexis. As such, the request for Duexis 800/26.6mg #90 with 1 refill is not medically necessary.