

Case Number:	CM15-0173669		
Date Assigned:	09/15/2015	Date of Injury:	08/03/2010
Decision Date:	10/22/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/03/2015

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, Hawaii
 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 64 year old female, who sustained an industrial injury on 8-3-10. She reported neck and left arm pain. The injured worker was diagnosed as having internal derangement of the left shoulder and strain of the neck muscle. Treatment to date has included chiropractic treatment, a home exercise program and medication including Tramadol, Duexis, and Vicodin. The treating physician noted "she reports 50% relief from the opioids. She states that with the opioids, she is able to sweep, do laundry, cook; without them, she states that she should not be able to do these tasks. There are no signs of abuse of diversion." On 7-21-15 and 8-18-15 pain was rated as 10 of 10 at worst and 4 of 10 at best. The injured worker had been taking Tramadol, Ibuprofen-Famotidine, and Hydrocodone-Acetaminophen since at least July 2015. Currently, the injured worker complains of back pain and arm pain with left arm numbness. The treating physician requested authorization for Tramadol 50mg #120, Ibuprofen-Famotidine 800-26mg #60 with 2 refills, and Hydrocodone-Acetaminophen 5-325mg #30. On 8-26-15 the requests were non-certified. The utilization review physician noted "there is no clear objective diagnosis present in the record and no clear treatment program is identified other than continuing to prescribe drugs."

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (Ultram) 50mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with diagnoses that include internal derangement of left shoulder and strain of neck muscle. The patient currently complains of back pain and arm pain with left arm numbness. The patient continues to remain off work. The current request is for Tramadol (Ultram) 50mg, quantity 120. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The treating physician states in the treating report dated 8/18/15 (23b) the patient "is taking tramadol 100 mg bid, Duexis 800 mg bid, and Vicodin. 5/325 pm, about 30-45/month." The physician goes on to state in the 6/19/15 (26b) treating report that, "3 weeks ago she began to have increase neck and left arm pain. She will require Norco at this time, along with Duexis and Tramadol. If this pain continues, we will need to get a new MRI of the cervical spine, since I don't have one." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician clearly documents the patient's analgesia and ADLs, as well as his lack of adverse side effects and aberrant behaviors while on his current medication regimen. The clinical history notes "she reports 50% relief from the opioids. She states that with the opioids, she is able to sleep, do laundry, cook; without them, she states that she would not be able to do these tasks. There is no documentation of any signs of abuse or diversion. She is on the lowest does for functional improvement. She denies side effects." The physician goes on to state, "My sense is that the tramadol is providing functional benefit" (the patient) rates the pain 7/10 currently, 10/10 at worst and 4/10 at best." The current request is medically necessary.

Ibuprofen-Famotidine (Duexis) 800-26.mg #60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Pain Chapter, Duexis® (ibuprofen & Famotidine).

Decision rationale: The patient presents with diagnoses that include internal derangement of left shoulder and strain of neck muscle. The patient currently complains of back pain and arm pain with left arm numbness. The patient continues to remain of work. The current request is for buprofen-Famotidine (Duexis) 800-26mg, quantity 60 with 2 refills. The treating physician

states in the treating report dated 8/18/15 (25b), under the Medications section: "ibuprofen-Famotidine (DUEXIS) 800=26.6 mg Tablet" Take 1 Tab by mouth 2 times a day as needed for mild pain (1-3) or mod pain (4-6)." MTUS and ACOEM Guidelines do not address Duexis; however, ODG's state "Not recommended as a first-line drug. [REDACTED] recently announced the launch of Duexis, a combination of ibuprofen 800 mg and Famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. Ibuprofen (e.g., Motrin, Advil) and Famotidine (e.g., Pepcid) are also available in multiple strengths OTC and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDS. With less benefit and higher cost, using Duexis as a first-line therapy is not justified." MTUS also does not recommend routine use of PPI's for prophylactic use without a proper GI risk assessment. In this case, the treating physician has prescribed Duexis which is not supported by the ODG guidelines as there is no documentation of failure of other first line medication options. Additionally there is no documentation of any dyspepsia or that a GI risk assessment has been performed. The current request is not medically necessary.

Hydrocodone-Acetaminophen (Norco) 5-325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with diagnoses that include internal derangement of left shoulder and strain of neck muscle. The patient currently complains of back pain and arm pain with left arm numbness. The patient continues to remain of work. The current request is for Norco 5/325mg, quantity 30. The treating physician states in the treating report dated 8/18/15 (23b) the patient "is taking tramadol 100 mg bid, Duexis 800 mg bid, and Vicodin. 5/325 pm, about 30-45/month." The physician goes on to state in the 6/19/15 (26b) treating report that, "3 weeks ago she began to have increase neck and left arm pain. She will require Norco at this time, along with Duexis and Tramadol. If this pain continues, we will need to get a new MRI of the cervical spine, since I don't have one." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician clearly documents the patient's analgesia and ADLs, as well as his lack of adverse side effects and aberrant behaviors while on his current medication regimen. The clinical history notes "she reports 50% relief from the opioids. She states that with the opioids, she is able to sleep, do laundry, cook; without them, she states that she would not be able to do these tasks. There are no signs of abuse or diversion. She is on the lowest dose for functional improvement. She denies side effects." The physician goes on to state, the patient, "rates the pain 7/10 currently, 10/10 at worst and 4/10 at best." The current request is medically necessary.