

Case Number:	CM15-0063590		
Date Assigned:	04/09/2015	Date of Injury:	04/22/2009
Decision Date:	05/08/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/03/2015

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, Indiana, New York
 Certification(s)/Specialty: 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 71 year old male who sustained an industrial injury on 4/22/09 when he fell off a ladder landing on his back and hitting his head. He had x-rays, physical therapy and pain medication. His symptoms did not improve and he had an MRI which showed fractured disc. He had kyphoplasty on 9/24/09 which stabilized his back but did not improve his pain. He was referred to pain management specialist. He currently complains of sharp, throbbing, pins and needles type mid and low back pain and bilateral foot pain. His pain intensity is 7-8/10. In addition he complains of joint pain, morning stiffness, increased urinary urgency (history of urinary tract infection) and depression. He reports headaches, drowsiness, blurred vision and fatigue which is felt to be due to medication side effects. His quality of sleep is poor. His medications are Duexis, naproxen, horizant ER, ibuprofen, Aspirin, omeprazole, tamsulosin, Oxybutynin. Diagnoses include sciatica; chronic pain syndrome; lumbar compression fracture; low back pain. Treatments to date include physical therapy, injections both without effect, medications and home exercise program. In the progress note dated 3/12/15 the treating provider's plan of care requests Duexis for joint pain, as the injured worker finds this helpful; naproxen; acupuncture for mid and lower back pain X 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 250mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 250 mg #60 with two refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are sciatica; chronic pain syndrome; lumbar compression fracture; and low back pain. May 2, 2012 progress note shows the injured worker is using Naprosyn 250 mg. On January 8, 2015, the documentation shows the injured worker is taking naproxen 250 mg, ibuprofen 800 mg BID and omeprazole 20 mg. The VAS pain score was 5-6/10 with medications. Without medications the score was 8-9/10. On February 11, 2015 the treating physician started a trial with Duexis. There was no clinical rationale for the trial. The documentation does not show a discontinuation of naproxen and ibuprofen. The treating physician states Duexis works better than ibuprofen. The most recent progress note dated March 12, 2015 reflects the treating physician wants to continue Duexis. However, the treating physician also wants to continue ongoing the non-steroidal anti-inflammatory drug, Naproxen 250 mg. There is no clinical indication or rationale in the medical record for using two non-steroidal anti-inflammatory drugs concurrently. Additionally, there is no clinical indication or rationale for Duexis in the medical record. There is no documentation evidencing objective functional improvement with ongoing Naproxen 250 mg. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Injured worker has been taking naproxen 250 mg in excess of two years with persistently elevated VAS pain scores. Consequently, absent clinical documentation with objective functional improvement supporting the long-term use of Naproxen, Naproxen 250 mg #60 with two refills is not medically necessary.

Duexis 800mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Duexis.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Duexis 800 mg #60 with two refills is not medically necessary. Duexis contains ibuprofen and famotidine. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. H2 receptor blocker used to treat ulcers, gastroesophageal reflux disease, dyspepsia, and the condition where the stomach produces too much acid called Zollinger Ellison syndrome. Duexis is not recommended as a first line drug. For additional details see the attached link. In this case, the injured worker's working diagnoses are sciatica; chronic pain syndrome; lumbar compression fracture; and low back pain. May 2, 2012 progress note shows the injured worker is using Naprosyn 250 mg. On January 8, 2015, the documentation shows the injured worker is taking naproxen 250 mg, ibuprofen 800 mg BID and omeprazole 20 mg. The VAS pain score was 5-6/10 with medications. Without medications the score was 8-9/10. On February 11, 2015 the treating physician started a trial with Duexis. There was no clinical rationale for the trial. The documentation does not show a discontinuation of naproxen and ibuprofen. The treating physician states Duexis works better than ibuprofen. The most recent progress note dated March 12, 2015 reflects the treating physician wants to continue Duexis. However, the treating physician also wants to continue ongoing the non-steroidal anti-inflammatory drug, naproxen 250 mg. There is no clinical indication or rationale in the medical record for using two non-steroidal anti-inflammatory drugs concurrently. Additionally, there is no clinical indication or rationale for Duexis in the medical record. There is no documentation evidencing objective functional improvement with ongoing Naproxen 250 mg. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no history of peptic ulcer disease, gastroesophageal reflux disease or dyspepsia in the medical record. Consequently, absent clinical documentation with objective functional improvement as it relates to ongoing non-steroidal anti-inflammatory drug use with a clinical indication and rationale for Duexis, Duexis 800 mg #60 with two refills is not medically necessary.

6 acupuncture sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, 6 acupuncture sessions is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial

short period. In this case, the injured worker's working diagnoses are sciatica; chronic pain syndrome; lumbar compression fracture; and low back pain. The documentation in the medical record indicates the acupuncture request is for an acupuncture trial. The treating physician requested six acupuncture sessions. The guidelines recommend an initial trial of 3-4 visits over two weeks; with evidence of objective functional improvement a total of 8 to 12 visits over 4 to 6 weeks may be indicated. The treating physician exceeded the recommended guidelines in the acupuncture request. Consequently, absent compelling clinical documentation in excess of the recommended guidelines for 3-4 visits, 6 acupuncture sessions is not medically necessary.