

<b>Case Number:</b>	CM15-0064383		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	09/08/2014
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39-year-old male patient, who sustained an industrial injury on 9/8/14. The diagnoses include lumbar/lumbosacral disc degeneration; lumbar disc displacement. He felt numbness in left foot after wearing a duty belt and loading. Per the doctor's note dated 3/30/15, he had complaints of pain and numbness in the bilateral feet and stiffness. The physical examination revealed spine- pain with flexion and extension, no focal deficits. Per the doctor's note dated 1/12/15 he had complaints of pain is constant in his low back and radiates down both legs. He gets shooting pains down in the left side of his buttocks with intermittent pain in his left calf. On a scale of 1/10 he rates the pain as a 7. A physical examination revealed patchy sensory hypesthesia in the bilateral lower extremities particularly in the forefoot. The medications list includes duexis and norco. He has undergone Caudal epidural, L4-5 and L5-S1 bilateral facet joint injections on 4/8/15. He has undergone post knee and foot surgery. He has had MRI lumbar spine on 10/1/14 which revealed degenerative changes and disc bulge at L4-5 and L5-S1; EMG/NCV on 11/25/14 which revealed indicates bilateral L4 radiculopathy, sensory and motor peripheral neuropathy. He has had physical therapy visits for this injury. The provider has requested eight sessions of post-procedure physical therapy, which was modified to 2 sessions only, Duexis 800-26.6 mg, ninety count was denied, and Norco 10/325 mg, sixty count which was modified to #45 for weaning all at Utilization Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of post-operative physical therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48, 98 - 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 04/29/15) Physical therapy.

**Decision rationale:** Eight sessions of post-operative physical therapy. CA MTUS do not address specific number of physical therapy visits for this diagnosis. ODG recommends 1-2 of physical therapy visits over 1 week for post injection treatment. Therefore, the requested visits are more than recommended by the cited criteria. In addition, patient has had unspecified physical therapy visits in the past. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Recent post injection clinical evaluation note is also not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. Eight sessions of post-operative physical therapy is not medically necessary for this patient at this time.

**Duexis 800-26.6 mg, ninety count: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 04/30/15) Duexis ½ (ibuprofen & famotidine).

**Decision rationale:** Duexis 800-26.6 mg, ninety count. CA MTUS does not address this request. Per the ODG guidelines cited below Duexis is "Not recommended as a first-line drug. Horizon Pharma recently announced the launch of Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. (FDA, 2012) Ibuprofen (eg, Motrin, Advil) and famotidine (eg, Pepcid) are also available in multiple strengths OTC, and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDS." A rationale for not using OTC ibuprofen and OTC famotidine as separate tablets is not specified in the records provided. The response to the individual medicines is not specified in the records provided. Therefore the medical necessity of the combination (in one tablet) is not fully established. In addition, the records provided do not specify the duration of the NSAID therapy. The records provided do not specify any objective evidence of GI disorders, GI bleeding

or peptic ulcer. Duexis 800-26.6 mg, ninety count is not medically necessary for this patient at this time.

**Norco 10/325 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

**Decision rationale:** Request: Norco 10/325 mg, sixty count. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals."The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to antidepressant, anticonvulsant or lower potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. Norco 10/325 mg, sixty count is not medically necessary for this patient.