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| Case Number: | CM15-0066075 | | |
| Date Assigned: | 04/14/2015 | Date of Injury: | 06/17/2013 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 03/31/2015 |
| Priority: | Standard | Application Received: | 04/08/2015 |

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 32 year old female, who sustained an industrial injury on 06/17/2013. She has reported subsequent back, right wrist and right elbow pain and was diagnosed with lumbosacral musculoligamentous sprain/strain, lumbosacral spine discogenic disease with radiculopathy, right wrist carpal tunnel syndrome and right elbow cubital tunnel syndrome. Treatment to date has included oral pain medication, facet block injection, epidural steroid injection and physical therapy. In a progress note dated 03/03/2015, the injured worker complained of frequent low back pain radiating to the bilateral lower extremities. Objective findings were notable for positive bilateral seated straight leg raise, moderate lumbar paraspinal tenderness to palpation, tenderness at the facet joints referring to the buttock, sciatic nerve bilaterally and sciatic notch bilaterally and reduced lumbar range of motion. A request for authorization of acupuncture of the lumbar spine, Flurbiprofen, Duexis, TGice and lumbar support was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Lumbar and Thoracic (Acute and Chronic) / Acupuncture.

Decision rationale: The MTUS recommends acupuncture as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication -induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments, 1-3 times a week for 1-2 months. Per the ODG acupuncture is recommended as an option using a short course of therapy. This passive intervention should be an adjunct to active rehab efforts. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy). A review of the injured workers medical records reveal that she has had acupuncture sessions, 2 times a week for 6 weeks with limited improvement, therefore the injured worker does not appear to be having a favorable response to acupuncture and the continued use is not medically necessary.

Flurbiprofen 20 percent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): s 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, there is also no dosing regimen or documentation of pain or functional improvement with the use of Flurbiprofen and therefore the request for Flurbiprofen 20 percent is not medically necessary.

Duexis 800mg #100 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS/ACOEM did not address the use of Duexis in the injured worker and therefore other guidelines were consulted. Per the ODG, 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 (e.g., Motrin, Advil) and famotidine (e.g., Pepcid) are also available in multiple strengths over the counter (OTC), and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDs. See NSAIDs, GI symptoms & cardiovascular risk, where proton pump inhibitors (PPIs) are recommended. With less benefit and higher cost, using Duexis as a first-line therapy is not justified." A review of the injured workers medical records did not reveal that other recommended first line agents have been tried and failed and therefore the request for Duexis is not medically necessary.

TGice (tramadol, gabapentin, menthol, camphor): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): s 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, there is also no dosing regimen or documentation of pain or functional improvement with the use of TGice and therefore the request for TGice (tramadol, gabapentin, menthol, camphor) is not medically necessary.

Lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Per ACOEM in the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A review of the injured workers medical records show that she has had symptoms since 6/17/2013 and she is no longer in the acute phase, therefore based on the injured workers current clinical presentation and the guidelines, the request for lumbar support is not medically necessary.