

<b>Case Number:</b>	CM15-0093853		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	10/06/2011
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50-year-old male who sustained an industrial injury on 10/06/2011 while intervening on an apprehension of a shoplifter. The injured worker was diagnosed with lumbar and cervical radicular syndrome, post-traumatic stress disorder, adjustment disorder with mixed anxiety and depression and gastroesophageal reflux disorder (GERD). Treatment to date includes diagnostic testing with recent lumbar spine magnetic resonance imaging (MRI) in January 2014, Electromyography (EMG)/Nerve Conduction Velocity (NCV) in April 2014, Electroencephalogram in April 2014 and brain magnetic resonance imaging (MRI) on April 23, 2014. The injured worker has received physical therapy, psychiatric and psychological support and treatment, pain management and medications. According to the treating physician's progress report on March 6, 2015, the injured worker continues to show progress psychologically with good adherence to his program. According to a medical report on April 16, 2015 a physical examination was performed which demonstrated paravertebral muscle and occipital notch tenderness bilaterally. Trigger points at the supraspinatus, infraspinatus, trapezii and temporalis muscles (right side greater than left) were documented. There was a Negative Lhermitte's sign and decreased cervical spine range of motion. The lumbar spine examination demonstrated paravertebral muscles tenderness with decreased range of motion. The right sciatic notch was tender with trochanteric bursa tenderness on the left side associated with internal rotational pain. Gait was antalgic with a slight limp, an abnormal tandem walk and negative Romberg. Sensory was intact with dysesthesias in the right C5-6 distribution. Current medications are listed as Elavil, Tylenol # 3, Risperidone, Ativan, Wellbutrin and Duexis. Treatment plan consists of

continue to follow-up with psychological treatment and medications, exercise activity and full work duty with self-imposed limitations and the current request for Duexis renewal.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Duexis quantity 60 with two refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71. Decision based on Non-MTUS Citation Duexis prescribing information.

**Decision rationale:** The claimant sustained a work injury in October 2011 and continues to be treated for when seen, neck and low back pain. When seen, he was continuing to exercise. He was able to work. He had completed additional physical therapy treatments with improved strength and flexibility. He was having ongoing neck and back pain. Pain was rated at 4-7/10. His past medical history included GERD. Physical examination findings included paraspinal muscle tenderness with decreased range of motion and trigger points. He had hip tenderness and an antalgic gait. Medications being prescribed included Duexis. The assessment references prior failure when taking Motrin and Prevacid due to ongoing heartburn. Duexis is a combination of ibuprofen 800 mg and famotidine 26.6 mg. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Dosing of ibuprofen should not exceed 3200 mg/day. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant has a history of GERD and had failed treatment with Prevacid, a proton pump inhibitor. In this clinical scenario, an H2-receptor blocker such as famotidine is an option. Guidelines do not preclude use of a combination agent and such an agent would be expected to improve compliance with dosing. Therefore, Duexis is medically necessary.