

<b>Case Number:</b>	CM15-0094063		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	11/16/2013
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/24/2015
<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: California

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 26-year-old male, who sustained an industrial injury on 11/16/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy and displacement of lumbar intervertebral disc without myelopathy. Treatment and diagnostic studies to date has included use of cold therapy, chiropractic therapy, x-rays, magnetic resonance imaging, medication regimen, and physical therapy. In a progress note dated 04/10/2015 the treating physician reports complaints of constant, sore, and stiff pain to the low back and the bilateral lower extremities. The injured worker also has complaints of intermittent, burning, electrical, pins and needles, with muscle tightness and spasms. The injured worker's current medication regimen includes Cyclobenzaprine, Naproxen, Duexis, and Norco. The pain is rated a 5 on a scale of 0 to 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects of the injured worker's current medication regimen. The documentation provided noted that the injured worker is able to perform activities of daily living and has increased mobility secondary to use of Norco, but does not indicate the effectiveness of the other medications that are listed above with regards to any functional improvement. The treating physician requested the medications of Duexis 800/26.6mg with a quantity of 60, Cyclobenzaprine 10mg with a quantity of 30, Naproxen 500mg with a quantity of 90, noting that these medications are appropriate to be used to treat the injured worker's injury. The treating physician also requested urine drug screens times two

to ensure that the injured worker is not using any illicit drugs along with the prescribed drugs. The treating physician also noted that the physician must be able to monitor the injured worker while on controlled substances to monitor compliance.

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

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

**Duexis 800/26.6mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines pain chapter: Duexis® (ibuprofen & famotidine).

**Decision rationale:** According to the 04/10/2015 report, this patient presents with low back pain that is "constant dull, aching, hot-burning, stiffness and soreness." The current request is for Duexis 800/26.6mg #60. This medication was first mentioned in the 03/09/2015 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is not included in the file for review. The patient's work status is return to work with restrictions. Regarding Duexis, the MTUS and ACOEM Guidelines do not address Duexis; however, ODG Guidelines states "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." MTUS also does not recommend routine use of PPI's for prophylactic use without a proper GI risk assessment. Review of the provided reports do not show GI risk assessment. First line treatment with Duexis is also not recommended. The request IS NOT medically necessary.

**Cyclobenzaprine 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** According to the 04/10/2015 report, this patient presents with low back pain that is "constant dull, aching, hot-burning, stiffness and soreness." The current request is for Cyclobenzaprine 10mg #30. The request for authorization is not included in the file for review. The patient's work status is return to work with restrictions. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of

pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer than the recommended 2-3 weeks. The treating physician is requesting Cyclobenzaprine #30 and this medication was first noted in the 03/09/2015 report. Cyclobenzaprine is not recommended for long-term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.

**Naproxen 500mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (Naprosyn).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications non-steroidal anti-inflammatory drugs Medications for chronic pain Page(s): 22, 60, 67-68.

**Decision rationale:** According to the 04/10/2015 report, this patient presents with low back pain that is "constant dull, aching, and hot-burning, stiffness and soreness." The current request is for Naproxen 500mg #90. The request for authorization is not included in the file for review. The patient's work status is return to work with restrictions. The MTUS Guidelines page 22 reveal the following regarding NSAID's, "Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." In reviewing the provided reports, Naproxen first noted in the 03/09/2015 report; it is unknown exactly when the patient initially started taking this medication. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, the treating physician does not mention how this medication has been helpful in any way. The request IS NOT medically necessary.

**Urine drug screen x 2:** 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 Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter under urine drug testing.

**Decision rationale:** According to the 04/10/2015 report, this patient presents with low back pain that is "constant dull, aching, and hot-burning, stiffness and soreness." The current request is for Urine drug screen x 2 and UR certified the request with modification to 1 urine drug screen. The request for authorization is not included in the file for review. The patient's work status is return to work with restrictions. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the available medical records indicate the patient is currently on Norco (an opiate). However, the reports provided show no discussion regarding the patient showing any adverse behavior with opiates use. The treating physician did not explain why 2 UDS are needed. There is no discussion regarding this patient being at risk for any aberrant behaviors. Therefore, the request for 2 UDS ARE NOT medically necessary.