

<b>Case Number:</b>	CM14-0140066		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	06/26/2003
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 63-year-old gentleman was reportedly injured on June 26, 2003. The most recent progress note, dated July 3, 2014, indicated that there were ongoing complaints of low back pain and right shoulder and hand pains. Current medications include Nucynta ER and Primlev. There were complaints of weakness in the right hand. The physical examination revealed the patient had an antalgic gait and ambulation with the assistance of a cane. There was low back pain with extension. Diagnostic imaging studies of the lumbar spine revealed a disc protrusion at L3-L4 and L4-L5 with mild central canal stenosis. A request had been made for Primlev, Duexis and an anti-inflammatory cream and was denied in the pre-authorization process on July 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Primlev 5/300 #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Primlev (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain after a work-related injury; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Primlev is not considered medically necessary.

**Trial: Duexis #90:** 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 Page(s): 22, 70.

**Decision rationale:** The California MTUS Guidelines do not specifically address the medication Duexis (Ibuprofen/Famotidine); however, non-steroidal anti-inflammatories are considered traditional first-line of treatment to reduce pain and inflammation to increase function. GI side effects and adverse events associated with NSAIDs can be decreased with H-2 receptor antagonist. However, the attached medical record does not indicate that the injured employee has any gastrointestinal issues. As such, this request for Duexis is not medically necessary.

**Anti-inflammatory cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical NSAIDs Page(s): 111-112.

**Decision rationale:** The California MTUS Guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the injured employee's diagnosis of low back pain, this request for an anti-inflammatory cream is not medically necessary.