

Case Number:	CM13-0006742		
Date Assigned:	11/01/2013	Date of Injury:	01/07/2009
Decision Date:	02/21/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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 patient is a 61-year-old male who was injured on in 09 when he fell from the third level of a roller coaster to the second level. The patient was diagnosed with thoracolumbar sprain, lumbar discopathy, compression fracture at L1, right greater trochanteric bursitis, and right thigh contusion. As per 9/8/10 visit note, undated CT scan showed compression fracture at L1 and disc bulging at L4-S. The patient was documented to be treated conservatively with NSAIDs, opioids, and muscle relaxants. The patient was also advised to use lumbar spine orthotics. He also participated in an unspecified number of PT sessions. As per 1/7/13 work status report, the patient complained of chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 26.6 mg-800 mg #100: 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 NSAIDs Section Page(s): 67-69.

Decision rationale: Duexis is a combination of Ibuprofen and famotidine. Records provided do not indicate insufficient pain relief or intolerance with the previous medication regimen to

warrant initiation of another analgesic. There is no documentation of risk factors for gastrointestinal events in this patient to justify concurrent use of a histamine-2 blocker such as famotidine. In addition, proton pump inhibitors are recommended for such indications as per referenced guidelines. Hence, the medical necessity of this request has not been established for this patient. The CA-MTUS (Effective July 18, 2009) section on Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. (Namaka, 2004) (Gore, 2006) See NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, hypertension and renal function. Besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. (Maroon, 2006).