

<b>Case Number:</b>	CM13-0011420		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	05/08/1996
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 Occupational Medicine, 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 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 patient is a 57 year old male who was injured on 05/08/1996. The patient stated a food cart fell and smashed him. The patient underwent a complete bilateral laminectomy, medial facetectomy, foraminotomy, L4-5, L5-S1; and excision of synovial cyst, left L4-5 on 02/05/2014. He also underwent a microdiscectomy on 12/17/2013. First report of occupational injury dated 10/09/2013 indicated the patient to have complaints of head, neck shoulder and back pain. Objective findings on exam revealed moderate tenderness to palpation of the lumbar musculature. No muscle spasms are present. His range of motion is decreased in extension to 10/25 degrees; straight leg raise is positive at 60 degrees bilaterally. The patient is diagnosed with a history of cervical spine fracture; bilateral shoulder surgical repair; lumbosacral disc herniation; and lower extremity atrophy. A PR2 dated 03/19/2014 documented the patient to have complaints of low back pain and left leg pain. Objective findings on exam revealed tenderness in the lumbar musculature with mild to moderate muscle spasms present on the left greater than the right. The lumbar range of motion is decreased in all fields due to pain and spasms. The patient is diagnosed with rotator cuff syndrome, myofasciitis/fibromyalgia, and NOS degenerative disc disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DUEXIS 800-26.6MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI SYMPTOMS & CARDIOVASCULAR Page(s): 67-69.

**Decision rationale:** Duexis (ibuprofen and famotidine) is supplied as a tablet for oral administration which combines the nonsteroidal anti-inflammatory agent, ibuprofen, and the histamine H<sub>2</sub>-receptor antagonist, famotidine. It is used to treat signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers. Ibuprofen is an NSAID that is recommended and appropriate treatment of mild to moderate pain. The medical records do not present a clinical rationale that establishes the medical necessity for providing the patient Duexis, a medication that combines an NSAID and antihistamine. It is reasonable that these medications can be provided individually, and do not require a compound formulation. Consequently the request is not medically necessary and appropriate.

**MRI LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

**Decision rationale:** The ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging inpatients who do not respond to treatment and who would consider surgery an option. The medical records document the patient underwent microdiscectomy on 12/17/2013, followed by complete bilateral laminectomy, medial facetectomy, foraminotomy, L4-5, L5-S1; and excision of synovial cyst, left L4-5 on 02/05/2014. The PR2 dated 03/19/2014 documented the patient to have complaints of low back pain and left leg pain. He is less than 2 months post his most recent lumbar surgery. The examination does not reveal any neurological deficits or red flag findings. In addition, the medical records do not detail his current course of care, and does not indicate the patient has failed to respond to post-operative care to date. The ODG states a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). The requested MRI is not supported by the evidence based guidelines, and consequently is not certified.