

Case Number:	CM13-0014480		
Date Assigned:	12/11/2013	Date of Injury:	06/17/2002
Decision Date:	01/22/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/21/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

This is a 68 year-old male with a 6/17/02 industrial injury. His diagnoses includes: low back pain, lumbar fusion, lumbar degenerative disc disease, lumbar radiculopathy, cervical degenerative disc disease with radiculopathy and he is status post cervical fusion on 8/5/10. In dispute are denials for Flexeril 10mg #30 and Duexis 800/26.6mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg: Upheld

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

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

Decision rationale: The progress reports show that the initial trial of Flexeril was on 1/9/13. The patient was continued on Flexeril each month through 7/30/13. The Chronic Pain Medical Treatment Guidelines for Flexeril state that this medication is not recommended to be used for longer than 2-3 weeks. The continued use of Flexeril exceeds the recommendations in the guidelines. Flexeril 10mg is not medically necessary and appropriate.

Duexis 800/26.6mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that anti-inflammatory drugs are first-line medical treatment for low back pain. The guidelines also state that a comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic low back pain and of antidepressants in chronic low back pain. Duexis is made up of the anti-inflammatory drug ibuprofen combined with famotidine, which is an H2 receptor antagonist for dyspepsia or for prevention of gastrointestinal events in at-risk patients. For gastrointestinal risks, the guidelines say that patients over the age of 65 are at risk. This patient is 68 years-old. The use of Duexis is in accordance with the guidelines. Therefore, Duexis 800/26.6mg is medically necessary and appropriate for this patient.