

Case Number:	CM13-0035130		
Date Assigned:	12/13/2013	Date of Injury:	10/20/1997
Decision Date:	02/14/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	11/01/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 50-year-old male who reported an injury on 10/20/1997 that ultimately resulted in an L5-S1 anterior fusion. The patient continued to have chronic low back pain radiating into the lower extremities that was managed with medications, lumbar epidural steroid injections, and physical therapy. The patient's most recent clinical exam findings included positive facet stress maneuvers bilaterally and tenderness to the gluteal bursa and iliotibial band, with limited range of motion secondary to stiffness. The patient's medications included Duexis and Tramadol. The patient's diagnoses included axial low back pain and lumbar spondylosis without adjacent segment breakdown at the L4-5. The patient's treatment plan included continued medications, an additional MRI, and epidural steroid injections at the L4-5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg #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): 60.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. California's Medical Treatment Utilization Schedule recommends medications used in the management of a patient's chronic pain be supported by a quantitative pain assessment to determine pain relief and specific evidence of functional benefit. The clinical documentation submitted for review does not provide any evidence of significant pain relief or functional benefit related to the use of this medication. It is noted within the documentation that the patient's pain is progressively increasing and preventing him from participating in a home exercise program. Therefore, continuation of this medication would not be indicated. As such, the requested Duexis 800mg #90 is not medically necessary or appropriate.