

<b>Case Number:</b>	CM13-0044487		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Physical Medicine & 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 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 51 year-old male who was injured on January 9, 2013. He has been diagnosed with a lumbar disc herniation. According to the September 11, 2013 report from [REDACTED], the patient presents with 8/10 low back pain that radiates down the left leg. He has been using Flexeril and Ibuprofen, but does not take the ibuprofen as it caused too much stomach irritation, even with food/water. [REDACTED] states he was awaiting an epidural steroid injection (ESI), and prescribed Vicodin and Duexis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DUEXIS #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013, pain procedures

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 22, 68-69.

**Decision rationale:** The California MTUS guidelines state that for the treatment of dyspepsia secondary to NSAID therapy to stop the NSAID, switch to a different NSAID, or consider H2-

receptor antagonists or a PPI." According to the September 11, 2013 report from [REDACTED], the patient presents with 8/10 low back pain that radiates down the left leg. He has been using Flexeril and Ibuprofen, but does not take the ibuprofen as it caused too much stomach irritation, even with food/water. [REDACTED] tried Duexis which is ibuprofen and famotidine. The use of Duexis appears to meet the MTUS criteria as ibuprofen by itself caused dyspepsia. Therefore, the request is certified.