

Case Number:	CM13-0063220		
Date Assigned:	12/30/2013	Date of Injury:	08/26/2008
Decision Date:	07/30/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/09/2013

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 is licensed to practice in California and Washington. 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 injured worker is a 60-year-old male who reported an injury on 08/26/2008. The injury reported was while carrying heavy machinery down 3 flights of stairs. The diagnoses include lumbar radiculopathy, myofascial low back pain, left SIJ arthropathy, facet arthropathy, thrombocytopenia, and hepatitis C. Previous treatments include MRI, radiofrequency ablation, medications. Clinical note, dated 09/20/2013, reported the injured worker reported his status remains unchanged. He had been walking 2 miles every day and has been feeling better. Upon the physical examination the provider noted the worker had a negative Spurling's test, normal sensation to light touch. The worker had a positive straight leg raise on the left. The injured worker had 2+ reflexes bilaterally and symmetric. The provider requested Duexis. However, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6MG BID PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 70.

Decision rationale: The request for Duexis 800/26.6 mg twice a day as needed #60. The injured worker reported his status remained unchanged. He had been walking 2 miles every day and has been feeling better. The the California MTUS Guidelines do not recommend Duexis as a first line drug. Duexis is a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. The guidelines recommend Duexis as indicated for rheumatoid arthritis and osteoarthritis. The clinical documentation submitted indicated the injured worker was not treated for or diagnosed with rheumatoid arthritis or osteoarthritis. The guidelines also do not recommend Duexis as a first line drug. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. Therefore, the request for Duexis 800/26.6 mg twice a day as needed #60 is non-certified