

Case Number:	CM14-0104231		
Date Assigned:	07/30/2014	Date of Injury:	01/07/2003
Decision Date:	09/15/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/07/2014

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 and Rehabilitation 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 injured worker is a 70-year-old female smoker who reported an injury of unknown mechanism on 01/07/2003. On 06/06/2014, her complaints included pain in her cervical spine, bilateral shoulders, right lower extremity, and bilateral knees. She rated her pain as 6/10. She reported significant relief from past Synvisc injection series to her right knee. Examination of her cervical spine revealed pain with palpation along the right cervical paraspinal muscles as well as over the right facets. Myospasms were also noted over the right cervical paraspinal, trapezius, rhomboid and scapular muscles with myofascial trigger points, twitch responses and referral of pain. The examination of the right shoulder revealed pain with forward flexion, abduction, and internal rotation. Examination of the lumbar spine revealed muscle spasms and myofascial trigger points with twitch response and referred pain. Her diagnoses included internal derangement of the right knee, anticipating total knee replacement, cervical degenerative disc disease and cervical radiculopathy, lumbar degenerative disc disease with radiculopathy, lumbar spondylosis and facet hypertrophy, myospasms with myofascial trigger points, internal derangement of the left knee, status post total knee replacement, morbid obesity, chronic obstructive pulmonary disease with current cigarette smoking and right shoulder internal derangement. Her medications included Norco 7.5/325 mg. She was receiving acupuncture treatments and participating in a home exercise program. A psychiatric progress note dated 05/08/2014 revealed that her axis 1 diagnosis was adjustment disorder with mixed anxiety and depressed mood. Her medications included Ambien 10 mg, Xanax 1 mg, and Wellbutrin SR 30 mg. There was no rationale or Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis Tablet 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 22, 68, 69, 72. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); GI symptoms & cardiovascular risk Page(s): 67-73; 68-69.

Decision rationale: The request for Duexis tablet 800 mg #90 is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. In cases of chronic low back pain, NSAIDs are recommended as an option for short term symptomatic relief. NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. Regarding GI involvement, the California MTUS Guidelines suggest that clinicians should weigh the indications for the use of NSAIDs against GI risk factors. The at risk group includes persons aged 65 years or older, those with a history of peptic ulcer, GI bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID use. Other than being over age 65, there was no documentation that this worker had any historical gastrointestinal events or other risk factors. There was insufficient documentation submitted to enable a determination of this worker's proclivity for future gastrointestinal events. Additionally, there was no frequency of administration included with the request. Therefore, this request for Duexis tablets 800 mg #90 is not medically necessary.