

<b>Case Number:</b>	CM14-0121923		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This injured worker is a 42-year-old male with date of injury of 6/15/2011. A review of the medical records indicates that the patient is undergoing treatment for chronic lumbar pain, bilateral lower extremity radiculopathic pain, and myofascial strain. Subjective complaints include continuing low back pain with radiation to bilateral lower extremities. Objective findings include an MRI showing L3-L4 and L4-L5 disc bulges; pain upon palpation of the paravertebral muscles and decreased lumbar range of motion due to pain. Treatment has included Percocet, Norco, Duexis, epidural steroid injections, and a home exercise program. The utilization review dated 07/04/2014 determined that Duexis was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis (Ibuprofen and Famotidine) 800mg, 1 tablet every 8 to 12 hours, #90 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 & 74-97. Decision based on Non-MTUS Citation Physicians' Desk Reference 67th Edition 2013.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam, NSAIDS Page(s): 67-72.

**Decision rationale:** MTUS recommends the use of NSAIDS for an acute exacerbation of back pain at the lowest effective dose for the shortest amount of time possible, due to increased cardiovascular risk and increased risk of renal, hepatic and GI side effects associated with long-term use. MTUS states, "Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200mg as 2400mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain". The treating physician did not document a decrease in pain or functional improvement from the use of Ibuprofen. As such the request for Duexis (Ibuprofen and Famotidine) 800mg is not medically necessary.