

Case Number:	CM14-0127991		
Date Assigned:	08/15/2014	Date of Injury:	07/17/2012
Decision Date:	09/11/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/12/2014

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 Family Medicine and is licensed to practice in Ohio. 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 has a date of injury listed as July 17, 2012. He has the diagnoses of cervical radiculopathy, right rotator cuff injury with tendinitis, and possible lumbosacral radiculopathy. The injured worker complains of right shoulder pain, neck pain radiating into the right upper extremity, and low back pain radiating to the right lower extremity. There is a reference to a history of gastrointestinal distress in a previous evaluation although no documentation regarding exact diagnoses, supportive physical exam findings, or laboratory findings can be found within the record. Presumably because of G.I. concerns, the injured worker has been given Celebrex previously to minimize potential G.I. injury. He has also made use of topical anti-inflammatories when Celebrex was not available. Recently, a prescription for Duexis was given. Recent physical examinations revealed tenderness and spasm of the cervical and lumbar spine, tenderness to the right shoulder girdle, positive straight leg raise signs bilaterally, and diminished light touch sensation to the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 26.6/800mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section on Chronic Pain: Non-steroidal anti-inflammatory drugs, G.I. symptoms, and Cardiovascular Risk.

Decision rationale: Per The Official Disability Guidelines, when prescribing anti-inflammatories the provider should determine if the patient is at risk for gastrointestinal events. This is to help determine if anti-inflammatories are appropriate, and if so what kind, and to determine if concomitant treatment with medication to block stomach acid is needed. Risk factors for gastrointestinal events include age greater than 65 years, history of peptic ulcer, G.I. bleeding or perforation, concurrent use of aspirin, corticosteroids, or an anticoagulant, or high dose/multiple non-steroidal anti-inflammatory drugs. For patients with no G.I. risk factors, a nonselective non-steroidal anti-inflammatory agent such as ibuprofen or Naprosyn is suggested. For patients at intermediate risk for gastrointestinal events, a nonselective anti-inflammatory with either a proton pump inhibitor such as Prilosec or misoprostol or the use of a selective Cox-two agent such as Celebrex is suggested. While is unclear from the documentation provided, this injured worker may be considered to be at intermediate risk for gastrointestinal events. Duexis is a combination product containing ibuprofen and a histamine blocker, Pepcid. The ODG guidelines are silent on combination products but make no recommendations for the use of histamine blockers in conjunction with anti-inflammatories to prevent gastrointestinal events for those that must take anti-inflammatories. Therefore, the use of Duexis in this instance is medically unnecessary.