

Case Number:	CM14-0136327		
Date Assigned:	09/03/2014	Date of Injury:	10/29/2010
Decision Date:	11/07/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/25/2014

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 Louisiana. 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 55 year old female who was injured on 10/29/2010 when she stepped on a spill on the floor causing her to slip and fall landing on right hip. The patient underwent right total hip arthroscopy revision on 09/18/2012 and left total hip arthroscopy revision on 04/30/2013. She has been treated conservatively with physical therapy and H-wave unit; both of which provided moderate relief. Progress report dated 07/18/2014 documented the patient to have complaints of pain in the low back with radiation down to the right lower extremity. She rated her pain as 5/10 at best and 10/10 at worst. She reported that she is unable to tolerate prolonged activities without her medications. On exam, the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. Range of motion is restricted with flexion limited to 30 degrees and extension is limited to 15 degrees. Lumbar facet loading is positive bilaterally. The patient is diagnosed with hip pain, and low back pain. She was recommended to continue with Duexis 800-26.6 mg #60 and MS-Contin 15 mg #60. Prior utilization review dated 07/29/2014 states the request for Duexis 800-26.6mg bid #60 is not certified as there is no documented failure of first line treatment; and MS-Contin 15mg tab OD #60is denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800-26.6mg #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), Updated 7/10/14, Pain, Duexis (Ibuprofen & Famotidine)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: According to the Chronic Pain Medical Pain Treatment Guidelines, NSAIDs should be prescribed at the lowest dose for the shortest period in patients with moderate to severe pain and should not be recommended as a first-line drug. In this case, there is no documented failure of first line medications and long-term use is not recommended therefore, the request is not medically necessary.

MS Contin 15mg tab #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications; Opioids, Specific drug list; and Opioids,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guideline, Opioids are recommended as the standard of care for treatment of moderate to severe pain for short-term use. Guidelines do not recommend continued use unless there is documented evidence of objective pain and functional improvement. In this case, there is no documentation of significant improvement in pain or function and long term use is not recommended therefore, this is not medically necessary.