

Case Number:	CM14-0137287		
Date Assigned:	09/05/2014	Date of Injury:	07/31/2002
Decision Date:	10/02/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/26/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 52-year-old female with a 7/31/02 date of injury; the mechanism of the injury was not described. The patient was seen on 7/17/14 with complaints of low back pain radiating down into the lower extremities. The patient stated that her pain was getting worse and her sleep quality was poor. Exam findings of the lumbar spine revealed surgical scars and spasm and tenderness to palpation on the paravertebral muscles. The range of motion of the lumbar spine was restricted with flexion limited to 60 degrees and extension limited to 10 degrees. Straight leg raising test was negative and heel and toe walk was normal. The sensation to light touch was decreased over the medial foot, lateral calf, lateral thigh and big toe on the right. The muscle strength was 4-5/5 in all muscle groups in the lower extremity. The patient was taking Norco 10-325mg, Omeprazole 40mg, Ibuprofen 600mg. The patient's Celebrex was denied by her insurance and Trial of Duexis was requested. The diagnosis is chronic low pain, lumbar post laminectomy syndrome, and lumbar facet syndrome. Treatment to date: physical therapy, medications and work restrictions. An adverse determination was received on 8/8/14 given that there was no indication that the patient was having rheumatoid arthritis or osteoarthritis occurring to support the need for Duexis.

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: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter-Duexis) FDA (Duexis).

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Duexis is a combination of Ibuprofen 800 mg and Famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. ODG states this medication is not recommended as a first-line drug (FDA, 2012) Ibuprofen (e.g, Motrin, Advil) and Famotidine (e.g., Pepcid) are also available in multiple strengths OTC and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDS. In addition, the FDA states that Duexis is indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers. The progress notes indicated that the patient was taking Ibuprofen and Omeprazole. There is no clear rationale with regards to Duexis use given, that the patient was already using ibuprofen and proton pump inhibitor. In addition, there is a lack of documentation indicating that the patient suffered from rheumatoid arthritis or osteoarthritis. Therefore, the request for Duexis 800-26.6mg #60 is not medically necessary.