

Case Number:	CM14-0159960		
Date Assigned:	10/03/2014	Date of Injury:	08/15/1995
Decision Date:	11/10/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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 has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 62 year old female who reported an injury due to a fall on 08/15/1995. Her diagnoses included lumbago and sciatica. On 12/10/2013, she complained of increased numbness in the lumbar region and severe back pain. On physical examination, the injured worker's lumbar paraspinal muscles were extremely tender to palpation, with spasms in the lumbar paraspinal muscles bilaterally. Her medications included Omeprazole 20mg and Skelaxin 800mg. The rationale was not provided. There was no request for authorization provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6 #90: 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), Duexis (Ibuprofen & Famotidine)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duexis (Ibuprofen & Famotidine)

Decision rationale: The request for Duexis 800/26.6 #90 is not medically necessary. The official Disability Guidelines do not recommend Duexis as a first line drug. The guidelines note Duexis is indicated for rheumatoid arthritis and osteoarthritis. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request for Duexis 800/26.6 #90 is not medically necessary.