

Case Number:	CM14-0169149		
Date Assigned:	10/17/2014	Date of Injury:	04/28/2012
Decision Date:	11/19/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/14/2014

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 Internal Medicine and is licensed to practice in California. 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 an injured worker with the diagnoses of chronic low back pain and lumbar radiculopathy. Date of injury was 10-23-2011. Regarding the mechanism of injury, her injury was from carrying heavy linens. Magnetic resonance imaging MRI of the lumbar spine performed on June 11, 2012 demonstrated mild degenerative bone a disk changes with a 1-2 mm annular disk bulge at L4-L5 minimally encroaching on the thecal sac without nerve root encroachment, L5-S1 1-2 mm central disk bulge encroaching on the epidural fat abutting the thecal sac. No nerve root encroachment is seen. Primary treating physician's progress report dated 9/11/14 documented subjective complaints of low back pain and bilateral leg pain. She had epidural steroid injection three weeks before. She reports good pain relief with the radicular pain on left leg. She also reports walking and standing better the balance has been improved significantly. Physical examination was documented. Pupils are equal, round and reactive to light and accommodation. There is no corneal abrasion noted. Sclera appears to be clear. Conjunctiva is normal. Patient is able to follow the object through six cardinal positions of gaze. There is no deviation of trachea from midline. Breath sounds are equal bilaterally. There is no wheezing. Chest is clear to auscultation. There are no rales or rhonchi noted. Cardiovascular examination revealed regular rate and rhythm. No murmurs auscultated. There is no evidence of pedal edema. Anterior flexion of lumbar spine is noted to be 60 degrees. Anterior lumbar flexion causes pain. There is pain with lumbar extension. Patient is awake, alert. She is oriented. Her recent memory is intact, her mood and affect are normal. Diagnoses were chronic low back pain and lumbar radiculopathy. Treatment plan included urine toxicology screening test, physical therapy, and Duexis. Utilization review determination date was 9/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg 26.6mg 1 tablet 3x a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-73. Decision based on Non-MTUS Citation Duexis (Ibuprofen / Famotidine) <http://www.drugs.com/duexis.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Duexis contains a combination of Famotidine and Ibuprofen. Ibuprofen is an NSAID. Medical records indicate the long-term use of NSAIDs, which is not recommended by MTUS guidelines. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. No recent blood pressure measurements were present in the medical records. No recent laboratory tests were present in the medical records. MTUS and FDA guidelines recommend monitoring of blood pressure and laboratory tests. Medical records do not support the use of NSAIDs such as Ibuprofen. MTUS and FDA guidelines do not support the use of Duexis, which contains the NSAID Ibuprofen. Therefore, the request for Duexis 800mg 26.6mg 1 tablet 3x a day #90 is not medically necessary.