

Case Number:	CM14-0177819		
Date Assigned:	10/31/2014	Date of Injury:	05/11/2012
Decision Date:	12/08/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/27/2014

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 American Board of 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 injured worker (IW) is a 61-year-old man with a date of injury of May 12, 2012. The mechanism of injury was not documented in the medical record. He is status-post right knee surgery dated September 11, 2012, status-post meniscus tear right knee. Pursuant to the Orthopedic Surgeon Follow-up Evaluation dated September 9, 2014, the IW complains of intermittent pain in the low back described as dull, achy, tight and stiff. Pain is rated 5/10. The back pain is off and on and travels down the right posterior lower extremity. There is constant pain in the right knee described as dull and achy. Pain is 6/10. He has difficulty walking more than 200 feet. He notices that his knee becomes swollen. He has been over compensating and applying more weight to the left lower extremity. The shift of weight is causing lower back pain. Pain is aggravated by prolonged walking, repetitive kneeling, squatting, lifting, pushing, pulling, climbing and lifting heavy objects. Repetitive lifting of any weight over 10 pounds aggravates the pain. Pain is reduced with ice. Objective findings revealed: Lumbar spine: Kemp's test/facet is positive on both sides. Straight leg raising test was positive at 40 degrees on the right and 60 on the left. Reflexes of the knees/hamstrings/ and ankles are normal bilaterally. At levels T12-L1, L1-L2, L2-L3, L3-L4, L4-L5, L5-S1 and S1 palpation reveals moderate paraspinal tenderness and spasms bilaterally, right to left. At levels L3-L4, L4-L5, L5-S1 and S1 palpation reveals moderate spinal tenderness radiating to the right lower extremity. There is non-specific tenderness in the right knee. McMurray's test, with interior and exterior rotation, is positive in the right knee. The medical record indicated that the IW does not have a history of any major chronic or debilitating illnesses. The IW has been diagnosed with status-post meniscus repair right knee with instability. Treatment plan recommendation includes orthopedic surgery consultation to address possible TKS of the right knee. A psychological evaluation will be ordered to rule out anxiety and depression. Pursuant to the progress note dated October 6, 2014,

the IW was prescribed Duexis 800mg for inflammation #100 TID X 4 refills (to help with inflammation and protect the stomach). The IW was scheduled to follow-up on November 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800-26.6mg #90 (30 day supply) with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, and GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682159.html>

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, the Official Disability Guidelines and MEDLINE plus, Duexis 800/26.6 milligram #90, 30 day supply with three refills. The guidelines recommend anti-inflammatory drugs at the first line of treatment at the lowest dose for the shortest period in patients with moderate to severe pain. Proton pump inhibitors are used when patients are at risk for gastrointestinal events. These risks include greater than age 65, history epic ulcer disease, G.I. bleeding, perforation; concurrent use of aspirin, steroids and are anticoagulants and multiple doses of non-steroidal anti-inflammatory drugs. Patients with no risk factors and no cardiovascular disease may take nonselective non-steroidal anti-inflammatory drugs (Naprosyn, ibuprofen). Patients at high risk for gastrointestinal events or intermediate risk for gastrointestinal events take proton pump inhibitors in conjunction with non-steroidal anti-inflammatory drugs. In this case, the injured worker is 61 years old, has no co-morbid conditions such as peptic disease, G.I. bleeding or concurrent aspirin use. There is no documentation supporting the need for a combination drug, Duexis. Additionally, non-steroidal anti-inflammatory drugs are appropriate at the lowest dose for the shortest period of time. This drug was requested on October 9, 2014. The injured worker should be reevaluated after the first 30 days to determine efficacy. Consequently, Duexis is not medically necessary with 3 refills. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Duxes 800/26.6 mg #90, 30 day supply with three refills is not medically necessary.