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| Case Number: | CM14-0032937 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 08/17/2009 |
| Decision Date: | 08/12/2014 | UR Denial Date: | 02/13/2014 |
| Priority: | Standard | Application Received: | 03/14/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 65-year-old female who was reportedly injured on August 17, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 21, 2014, indicated that there were ongoing complaints of low back pain, right hip pain, and right lower extremity pain. The physical examination demonstrated an unsteady gait favoring the left leg. There was tenderness at the left lower lumbar spine near the SI joint. There were pain with lumbar spine range of motion and decreased sensation in the right calf. There was a request for six additional sessions of physical therapy for the lumbar spine, a prescription of Neurontin and Duexis. It was stated that the injured employee has experienced stomach upset with other non-steroidal anti-inflammatory drugs. Previous treatment included participation in a home exercise program and physical therapy. A request had been made for Duexis and was not certified in the pre-authorization process on February 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 70 of 127. Decision based on Non-

MTUS Citation Other Medical Treatment Guideline or Medical
Evidence:<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a687011.html>.

Decision rationale: Duexis is a combination of Famotidine and Ibuprofen. Famotidine is an H₂ receptor blocker often used to promote the healing of stomach ulcers and the treatment of other conditions resulting in excessive stomach acid. A review of the attached medical record did indicate that the injured employee has a history of known gastrointestinal side effects from various non-steroidal anti-inflammatory drugs (NSAIDs). The Food and Drug Administration states that NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Considering this information, despite Duexis being a combination of Ibuprofen and Famotidine, this request for Duexis is not medically necessary.