

Case Number:	CM14-0035720		
Date Assigned:	06/23/2014	Date of Injury:	08/06/2006
Decision Date:	12/03/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/24/2014

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 Maryland. 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 employee was a 48 year old female who sustained an industrial injury on 08/06/2006. The diagnoses included chronic pain syndrome, status post laminectomy and a herniated nucleus pulposus of the lumbar spine. The clinical note from 03/04/14 was reviewed. She had 10/10 pain without medications and 6/10 with medications. She was able to do her ADLs (activities of daily living) and chores around her house with medications. Medications included Tylenol #3, Lyrica, Duexis 800mg TID (3 times a day as needed) and Lidoderm patch. Examination showed decreased range of motion of back, decreased sensation in the left lateral leg and decreased motor function in the left lower extremity. The patient was noted not to have side effects from the medications. The request was for Duexis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg, #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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular risk Page(s): 68.

Decision rationale: The request is for Duexis, which is Ibuprofen and Famotidine. According to the chronic pain guidelines, proton pump inhibitors and H2 blockers are indicated in the treatment of NSAID-induced dyspepsia. In addition they can be used as a prophylaxis for patients on NSAIDs with underlying cardiovascular disease and with high risk factors for gastrointestinal events including age over 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or oral anticoagulant and high-dose multiple NSAID use. The limited information given in this case suggests that the employee was probably being given the combination medication for protective purposes without actual symptoms of dyspepsia. In addition there was no documentation that she is on multiple NSAIDs in conjunction with corticosteroids or anticoagulants and she is also younger than 65 years of age without any documented cardiovascular history. Request for Duexis is not medically necessary and appropriate.