

Case Number:	CM14-0035722		
Date Assigned:	07/02/2014	Date of Injury:	06/26/2007
Decision Date:	08/08/2014	UR Denial Date:	03/17/2014
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 American Board of Family Practice 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:

47 years-old male claimant sustained a work related injury on 6/26/07 involving the low back. An MRI of the back on 7/18/07 indicated L5-S1 moderate central protrusion and severe stenosis. He had a previous back injury which involved prior surgery with instrumentation. He claimant underwent removal of the hardware and an interbody fusion. He subsequently had a spinal cord stimulator implantation in 2013. Over the years, his pain had been managed with a variety of opioids and NSAIDs. A progress note on 5/15/14 indicated the claimant had continued pain in the low back. He was taking oxycodone 60 mg per day. Physical findings included paraspinal lumbar spinal tenderness with diminished range of motion. He was continued on Oxycodone along with Duexis 800mg three times per day. He had been on Duexis for a few months prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Duexis 800-26.6 mg #90 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, a proton pump inhibitor is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The use of an H2 blocker is not supported by the guidelines. Furthermore, NSAIDs are recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP (low back pain). NSAIDs for chronic low back pain are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for years. The continued use of NSAIDs in combination with an H2 blocker such as Duexis with 4 refills is not medically necessary.