

Case Number:	CM14-0037662		
Date Assigned:	07/02/2014	Date of Injury:	10/10/1997
Decision Date:	08/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/28/2014

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 Anesthesiology, and has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 69 year old female who sustained an injury on 10/10/97. No specific mechanism of injury was noted. The injured worker has been followed for ongoing complaints of pain in the low back radiating to the left lower extremity. Prior treatment has included the use of tramadol for pain. It appears that the injured worker did have magnetic resonance image studies of the lumbar spine completed however no imaging reports were available for review. The injured worker's urine toxicology screens for 2013 were consistent with tramadol use. The injured worker was seen on 02/03/14 with continuing complaints of low back pain and spasms radiating to the right lower extremity. On physical exam, the injured worker did have an antalgic gait. There was a straight leg raise reported as positive to the right. There was no clear neurological deficits identified. Medications at this visit included the use of Duexis as well as tramadol. Follow-up on 04/14/14 noted no change in the injured worker's symptoms with continuing severe pain 8-9/10 on the visual analog scale. With medications this was reduced to 5/10 on the visual analog scale. At this visit, Celebrex was continued as well as Xanax, Cymbalta and Neurontin. The requested Duexis #90 was denied by utilization review on 02/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman's and Gilman's The Pharmacological

Basis of Therapeutics, 12th Edition, McGraw Hill, 2006 Physician's Desk Reference, 68th ed. RxList.com Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, Epocrates Online Monthly Prescription Reference, Agency Medical Directors' Group Dose Calculator.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: In regards to the request for Duexis #90, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. This medication was prescribed for ongoing musculoskeletal complaints as well as gastrointestinal prophylaxis. There is insufficient rationale to support the use of this medication as compared to standard anti-inflammatories with separate proton pump inhibitor medications. Duexis is prohibitively expensive as compared to standard anti-inflammatories and separate proton pump inhibitors. There was also no indication the injured worker had any recent exacerbation or aggravation of her ongoing chronic musculoskeletal complaints. Given the lack of any clear indications for combined dual anti-inflammatory and proton pump inhibitor, this reviewer would not have recommended this request as medically necessary.