MAXIMUS Federal Services

Case Number:	CM14-0064433		
Date Assigned:	07/11/2014	Date of Injury:	10/06/2000
Decision Date:	09/12/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/07/2014

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 Occupational 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 claimant was injured on 10/06/00. Duexis is under review. She has diagnoses of lumbar intervertebral disc degeneration and postlaminectomy syndrome and shoulder pain. A note by [redacted] dated 02/27/14 indicates that Anaprox was discontinued because of her kidney function. On 04/14/14, she was seen again. A psych clearance for the IT trial had not been authorizing and it was requested again. A shoulder injection was not authorized either. A Duexis trial helped with inflammation. Review of systems indicated the presence of constipation only. There was no documentation of gastrointestinal distress. Her findings were otherwise that same and her abdomen was not examined at any of the submitted visits. On 04/16/14, she was seen again for chronic pain. Again she had constipation and her abdomen was not examined. A trial of Duexis was recommended. There are other notes but there is no mention of gastrointestinal distress. On 06/13/14, she requested a refill of her medications. She had not received fentanyl patches in a month. Her pain was constant, increased by movement, and decreased by medication and rest. Physical examination revealed decreased range of motion of the low back with tenderness. Her right shoulder active range of motion was limited by pain. She is status post a spinal cord stimulator implant. She is status post inpatient detoxification. She was having a difficult time at home. Her medications were refilled and they included Cymbalta, Topamax, Dilaudid, Duexis, and the fentanyl patches were held. A urine drug screen was reviewed and was consistent. An intrathecal pump trial was pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 1 po, BID-TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS FOR CHRONIC PAIN; PROTON PUMP INHIBITORS Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for the use of Duexis (ibuprofen and Famotidine) for the claimant's ongoing pain. The CA MTUS p. 102 state re: NSAIDs "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." The CA MTUS further state on p. 102 re: PPIs "patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (four times daily) or (2) a Cox-2 selective agent." In this case, the claimant has chronic pain and is on several medications. There is no evidence of a trial and failure of acetaminophen. The benefit to her of the continued use of an NSAID has not been described. There is no evidence of a gastrointestinal condition or gastrointestinal complaints for which a proton pump inhibitor appears to be indicated. The medical necessity of a combination medication that includes both an NSAID and a proton pump inhibitor has not been clearly demonstrated.