

Case Number:	CM14-0064708		
Date Assigned:	07/16/2014	Date of Injury:	05/16/2011
Decision Date:	09/11/2014	UR Denial Date:	04/22/2014
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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 59 year-old with a date of injury of 05/06/11. A progress report associated with the request for services, dated 04/17/14, identified subjective complaints of low back pain occasionally radiating into the right leg. Objective findings included paraspinal spasm and decreased range of motion of the thoracic and lumbar spines. Diagnoses included thoracolumbar spondylosis. Treatment had included aquatic exercises as well as Lyrica, Duexis, and Baclofen. A Utilization Review determination was rendered on 04/22/14 recommending non-certification of "Duexis #90 with 2 refills and Baclofen 10mg #45 with 2 refills".

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis #90 with 2 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: Duexis is a combination drug containing ibuprofen, a non-steroidal anti-inflammatory drugs (NSAID), and famotidine, an H2-receptor antagonist gastric antacid. Proton pump inhibitors are sometimes used for prophylaxis against the GI side effects of NSAIDs based

upon the patient's risk factors. The Medical Treatment Utilization Schedule (MTUS) notes that these risk factors include (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs. However, H2-receptor antagonists are not given that recommendation. They are recommended for dyspepsia secondary to NSAID therapy. Also, the use of non-selective NSAIDs without prophylaxis is considered "okay" in patients with no risk factors and no cardiovascular disease. In this case, there is no documentation of any of the above risk factors or NSAID-induced dyspepsia. Therefore, the medical record does not document the medical necessity for Duexis.

Baclofen 10mg #45 with 2 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 Cyclobenzaprine; Muscle Relaxants Page(s): 63-66.

Decision rationale: Baclofen is an antispasticity muscle relaxant. The Medical Treatment Utilization Schedule (MTUS) states muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. They note that in most low-back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination of NSAIDs. Likewise, the efficacy diminishes over time. The MTUS notes the application of Baclofen to be in spastic conditions such as cerebral palsy and multiple sclerosis. In this case, the record does not document the medical necessity or indication for an antispasticity muscle relaxant such as Baclofen.