MAXIMUS Federal Services

Case Number:	CM14-0067293		
Date Assigned:	09/18/2014	Date of Injury:	06/09/2012
Decision Date:	10/21/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/12/2014

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 Family Practice 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 male of unknown age who reported an injury on 06/09/2012 while he unloaded products from his truck as part of his local delivery, and started to develop back pain which became progressively worse. The injured worker complained of left shoulder blade pain. The prior surgeries included laminectomy and partial medial facetectomy at the L4-5 and L5-S1 dated 08/15/2013. The medications included Duexis, Amrix, and Norco. The injured worker's past treatments included 3 sessions of therapy, exercise at home, Norco, and massage. The physical examination dated 03/18/2014 revealed the injured worker was able to sit comfortable, rise from a chair with minimal support from the arm rest, ambulate around the room. Tenderness noted to the left buttock. There was no rotation with sitting straight leg raise. Prior diagnostics included an MRI of the lumbar spine and x-rays of the lumbar spine. The treatment plan included Duexis 800 mg and Amrix. The Request for Authorization dated 09/18/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg qd: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines 9th edition 2011

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Pain, Duexis

Decision rationale: The request for Duexis 800mg qd is not medically necessary. The California MTUS/ACOEM does not address Duexis. The Official Disability Guidelines do not recommend Duexis as a first line drug. Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg indicated for osteoarthritis and rheumatoid arthritis. The diagnoses did not include osteoarthritis or rheumatoid arthritis. The guidelines do not recommend. The request did not address the duration. As such, the request is not medically necessary.

Amrix 15mg po hs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmotics Page(s): 64.

Decision rationale: The request for Amrix 15mg po hs is not medically necessary. The California MTUS indicate that antispasmodics that include Flexeril, Amrix, and Fexmid are recommended for a short course of therapy. Limited and mixed evidence does not allow for the recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. The greatest effect appears to be in 4 days of treatment. The associated numbers needed to treat is 2 weeks, and symptoms should improve. The documentation was not evident as to the length of time that the injured worker had been taking Amrix. The request did not indicate a duration. As such, the request is not medically necessary.