

Case Number:	CM14-0073087		
Date Assigned:	07/16/2014	Date of Injury:	01/03/2013
Decision Date:	08/14/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty Interventional Spine 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 patient is a 27-year-old male with a date of injury of 01/03/2013. The listed diagnosis per [REDACTED] is a herniated disk of lumbar spine with left leg radiculopathy. The medical file provided for review includes 2 progress reports from 05/14/2014 and 06/25/2014. Both reports do not discuss the request for Duexis 800 mg #60. Furthermore, both progress reports are dated after the utilization date of 04/16/2014. According to the progress report on 05/14/2014 by [REDACTED], the patient continues to have back and left leg pain with radicular complaints. The report 06/25/2014 reports that the patient has back pain with symptoms radiating to the left leg with radicular complaints. He has had a positive EMG. The treatment plan includes, the patient taking medications as needed. This is a request for Duexis 800 mg #60. The Utilization Review denied the request on 04/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Duexis (ibuprofen & famotidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 61, 22, 67,68.

Decision rationale: The patient presents with low back pain. The request is for Duexis. Duexis is an NSAID (Non Steroidal Anti-Inflammatory Drugs) and Famotidine. For anti-inflammatory medications, the MTUS Guidelines page 22 states anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted. For Famotidine, the MTUS Guidelines, page 68 and 69 state, Clinicians should weight the indications for NSAIDs against both gastrointestinal (GI) and cardiovascular risk factors. The MTUS recommends determining the risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, and (4) High dose/multiple NSAID. Although NSAIDs are indicated for chronic pain and in particular chronic low back pain, the provider does not provide a discussion regarding this medication. In addition, the provider does not provide any GI risk assessment. Therefore, Duexis 800mg #60 is not medically necessary. Although NSAIDs are indicated for chronic pain and in particular chronic low back pain, the treater does not provide a discussion regarding this medication. In addition, the treater does not provide any GI risk assessment. Recommendation is for denial.