

Case Number:	CM14-0090331		
Date Assigned:	07/23/2014	Date of Injury:	04/14/2008
Decision Date:	09/08/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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, 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 60 year old female injured on 04/14/08 due to an undisclosed mechanism of injury. The clinical note dated 05/30/14 indicates the injured worker presented complaining of ongoing pain to the neck, back, bilateral knees, and bilateral lower extremities rated at 7/10. The injured worker also complains of burning pain in the shoulders and elbows rated at 8/10. Physical examination revealed antalgic gait, tenderness in the paraspinous musculature of the cervical region and anterior neck, decreased range of motion of the cervical spine, mild spasm on cervical range of motion present, normal sensation, normal motor examination, deep tendon reflexes 2/2, mild positive head compression and negative Spurling's maneuver, Tinel's sign positive at the elbows to medial epicondyle, decreased ulnar nerve sensation bilaterally, mildly decreased grip. Examination revealed tenderness in the paraspinous musculature of the lumbar region, midline tenderness noted, muscle spasm positive over the lumbar spine, decreased range of motion and decreased sensation in the foot dorsum and posterolateral calf bilaterally, decreased L5 and S1 dermatome sensation, deep tendon reflexes 2/2, strength grade 4 plantar flexor and toe extensor bilaterally, sacroiliac tenderness noted on compression, sciatic nerve compression positive, straight leg raise testing positive to the bilateral lower extremities. Diagnoses include status post anterior cervical discectomy and fusion at C3 through C7 on 04/18/12, right shoulder impingement syndrome, L4 to L5 disc herniation with bilateral lower lumbar radiculopathy, and upper extremity overuse tendinopathy. The documentation indicates samples of Duexis were beneficial for gastrointestinal issues. Prescription for Duexis 800/26.6 milligrams quantity ninety one three times daily two refills was provided. The initial request for Duexis 800/26.6 milligrams quantity ninety with two refills and one orthopedic reevaluation within six weeks was noncertified on 06/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg/26.6mg, #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Current guidelines indicate the prescription combination of ibuprofen and famotidine is not recommended as a first line drug treatment when both components of Duexis are readily available with over the counter formulations in multiple strengths and variations. With less benefit and higher cost, it is difficult to justify using Duexis as a first line therapy. Additionally, there's no discussion in the documentation regarding the necessity of proton pump inhibitors. As such, the request for Duexis 800/26.6 milligrams quantity ninety cannot be recommended as medically necessary.

1 Orthopedic re-evaluation within 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -online version, Low back Complaints, page(s) Follow-up visits.

Decision rationale: As noted in the Low back complaints section of California Medical Treatment Utilization Schedule (MTUS), follow up evaluations should occur no later than one week into the acute pain period. American College of Occupational and Environmental Medicine (ACOEM) indicates, at the other extreme, in the stable chronic low back pain (LBP) setting, follow up may be infrequent, such as every six months. There is no indication in the documentation that the injured worker has had a significant alteration in status, acute injury, or requires treatment out of the scope of the primary care provider. Additionally, the request did not specify the intent for referral and issues to be addressed. As such, the request for referral to one orthopedic reevaluation within six weeks cannot be recommended as medically necessary.