

Case Number:	CM14-0121132		
Date Assigned:	08/06/2014	Date of Injury:	01/29/2011
Decision Date:	01/26/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/31/2014

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 Emergency 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 injured worker is a 36 year-old female, who sustained an injury on January 29, 2011. The mechanism of injury is not noted. Diagnostics have included: EMG/NCV reported as showing bilateral L5-S1 radiculopathy. Treatments have included: medications, physical therapy, chiropractic, , acupuncture, lumbar epidural injection. The current diagnoses are: lumbago, sciatica. The stated purpose of the request for Duexis 800/2.6mg #60 was not noted. The request for Duexis 800/2.6mg #60 was denied on July 16, 2014, citing a lack of documentation of GI distress symptoms or diagnosis. Per the report dated June 27, 2014, the treating physician noted complaints of low back and bilateral leg pain, without improvement from an LESI. Exam shows painful lumbar ROM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/2.6mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69, 22.

Decision rationale: The requested Duexis 800/2.6mg #60, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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." California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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 NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. "The injured worker has low back and bilateral leg pain. The treating physician has documented painful lumbar ROM. The treating physician has not documented medication-induced GI complaints nor GI risk factors. The criteria noted above not having been met, Duexis 800/2.6mg #60 is not medically necessary.