

Case Number:	CM14-0196352		
Date Assigned:	12/04/2014	Date of Injury:	06/05/2011
Decision Date:	01/15/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/24/2014

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 Management 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:

According to the records made available for review, this is a 64-year-old female with a 6/5/11 date of injury. At the time (10/14/14) of request for authorization for Duexis 200/26.6mg #60, there is documentation of subjective (neck pain radiating to the right and left upper extremities and muscle spasms) and objective (decreased range of motion of the cervical spine) findings, current diagnoses (cervical disc displacement and cervical radiculopathy), and treatment to date (physical therapy, chiropractic treatments, and medications (including ongoing treatment with Anaprox and Protonix)). There is no documentation of rheumatoid arthritis or osteoarthritis and a risk for gastrointestinal events (multiple/High dose NSAIDS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 200/26.6mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)

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

Decision rationale: MTUS does not address this issue. ODG identifies documentation of rheumatoid arthritis or osteoarthritis, risk for gastrointestinal events or preventing gastric ulcers induced by NSAIDs, and that Duexis is being used as a second-line, as criteria necessary to support the medical necessity of Duexis. Within the medical information available for review, there is documentation of diagnoses of cervical disc displacement and cervical radiculopathy. In addition, there is documentation of Duexis used as second-line. However, there is no documentation of rheumatoid arthritis or osteoarthritis. In addition, despite documentation of ongoing treatment with Anaprox, there is no documentation of a risk gastrointestinal events (multiple/High dose NSAIDs). Therefore, based on guidelines and a review of the evidence, the request for Duexis 200/26.6mg #60 is not medically necessary.