

Case Number:	CM14-0203709		
Date Assigned:	12/16/2014	Date of Injury:	08/20/2013
Decision Date:	02/03/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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 Florida. 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 an adult male with a date of injury of 8/20/2012-8/20/2013. The mechanism of injury described was getting out of an attic and having his left leg hyperextend and then feeling pain in his left knee. He also states in the documentation that on a separate date he was getting off a roof when he felt a pop in his low back. His diagnoses include: herniated nucleus pulposus of the lumbar spine with radiculopathy, severe left hip degenerative joint disease, mild right knee internal derangement, and left knee internal derangement. Per an 11/19/2014 progress note physical exam tenderness was noted over the anterior left hip, range of motion of the lumbar spine was limited, decreased sensation in S1 nerve distribution bilaterally was noted, and tenderness in the midline lumbar spine and bilateral low back was appreciated. Treatment has included therapy and medications. This patient is noted to be temporarily totally disabled per a 9/22/2014 orthopedics consultation note. A utilization review physician did not authorize approval of the medication Duexis. Therefore, an independent medical review was requested to determine the medical necessity of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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) 2014 guidelines, TWC Pain Procedure Summary. Duexis.

Decision rationale: The California MTUS guidelines do not specifically address when to prescribe the medication Duexis. Therefore, the ODG guidelines were referenced in making this determination. Duexis is a combination pill that contains both Ibuprofen and Famotidine. It is a higher cost medication than simply taking both pills separately. The ODG does not recommend this medication as a first line drug. There is also no documentation that the patient has failed "Y" drugs in this class of medications or documentation indicating that this "N" drug is more beneficial to the patient than a "Y" drug in this class of medications. This request is not medically necessary.