

Case Number:	CM14-0207059		
Date Assigned:	12/19/2014	Date of Injury:	01/19/1997
Decision Date:	02/27/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 19, 1997. In a Utilization Review Report dated November 13, 2014, the claims administrator failed to approve a request for Duexis, an amalgam of ibuprofen and famotidine. The claims administrator referenced an October 30, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In said October 30, 2014 progress note, the applicant reported persistent complaints of bilateral knee pain, left greater than right. The applicant was using public transportation owing to fact that she does not have a car. The applicant's medication list included Norco, Lunesta, Wellbutrin, Zolof, Lamictal, Pravachol, Zestril, BuSpar, and Nexium, it was stated. The applicant was status post multiple knee surgeries, had a history of degenerative joint disease about the bilateral knees, and was status post Nissen fundoplication procedure. The applicant also had issues with hypertension and peptic ulcer disease, it was stated. The attending provider stated in one section of the note that the applicant could not use NSAID owing to her issues with peptic ulcer disease. The attending provider then went on to renew Duexis nevertheless. The attending provider stated that the applicant's chronic pain was severely impinging on her quality of life. The attending provider stated that the applicant was homebound. The attending provider then stated that the applicant was consistently taking oral NSAIDs, in yet another section of the note. The attending provider stated that the applicant was receiving both Social Security Disability Insurance (SSDI) benefits as well as Workers' Compensation indemnity benefits. The applicant's pain complaints were impacting her mood, sleep, and social life. The applicant was

still using Norco, which was also refilled. The applicant was using a cane to move about. The applicant was overweight, with BMI of 29.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 26.6mg-800mh #90 x 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk; Functional Restoration Approach to Chronic Pain Ma.

Decision rationale: While page 68 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that applicants at heightened risk for gastrointestinal events may qualify for prophylactic usage of proton pump inhibitors or, by implication, H2 antagonists such as famotidine, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant is off of work. The applicant is receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits. The applicant remains dependent on opioid agents such as Norco. The applicant continues to report difficulty performing activities of daily living as basic as standing and walking. The applicant stated that her pain impacted her mood, sleep, and quality of life on the October 30, 2014 progress note at issue. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Duexis. Therefore, the request was not medically necessary.