MAXIMUS Federal Services

Case Number:	CM14-0207084		
Date Assigned:	12/19/2014	Date of Injury:	09/15/2005
Decision Date:	03/04/2015	UR Denial Date:	12/01/2014
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: 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:

Injured worker is a female with date of injury 9/15/2005. Per primary treating physician's progress report dated 11/11/2014, the injured worker complains of neck pain and lower backache. Pain with medications is rated at 7/10 and without medications 9/10. She states medications are working well with no side effects. Examination of the cervical spine reveals range of motion is limited by pain. The paravertebral muscles are tender and tight band is noted on both sides. Tenderness is noted at the paracervicals muscles and trapezius. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. The lumbar spine range of motion is restricted by pain with flexion 65 degrees, extension 20 degrees, right lateral bending 17 degrees and left lateral bending 15 degrees. On palpation of the paravertebral muscles, hypertonicity, spasm, tenderness and tight muscle band is noted on the right side. Lumbar facet loading is positive on the right side. Straight leg raising test is positive on both sides in sitting at 75 degrees. Ankle jerk is on both the sides. Patellar jerk is 2/4 on both the sides. Tenderness noted over the posterior iliac spine on the right side. Trigger point with radiating pain and twitch response on palpation at cervical paraspinal muscles on right trapezius muscle. Right shoulder movements are restricted by pain. On palpation, tenderness is noted in the acromioclavicular joint, glenohumeral joint and subdeltoid bursa. Motor testing is limited by pain. Sensation is decreased over anterior thigh on the right and thumb, index finger, middle finger, ring finger, little finger, medial hand, lateral hand, medial forearm on the left side. Hyperesthesia is present over anterior thigh and groin on the right side. Diagnoses include:1) cervical disc degeneration, 2) chronic back pain, 3) lumbar facet syndrome, 4) spasm of muscle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duesix 600-26.6 mg tablet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 69. Decision based on Non-MTUS Citation FDA, Duexis; Famotidine and on the Non-MTUS ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-71.

Decision rationale: Duexis is a combination medication containing ibuprofen and famotadine.The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Duesix 600-26.6 mg tablet is determined to not be medically necessary.