

Case Number:	CM14-0209615		
Date Assigned:	12/22/2014	Date of Injury:	04/24/2014
Decision Date:	02/17/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/15/2014

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 New Jersey. 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 57 year-old male who was injured on 4/24/14 in a motor vehicle accident. The patient had cervical spine pain with radiation to forearm, numbness and tingling in the elbow and forearm. He also had lumbar spine pain with radiation to legs and tingling/numbness in legs and feet. On exam, he had tender cervical, thoracic, and lumbar paravertebral muscles, normal motor and decreased range of motion. On the day of injury, he had normal CT head. CT cervical spine showed small disc protrusion at C2-3 and C3-4, degenerative spondylosis at C4-5, C5-6, and C6-7, central canal and neural foraminal stenosis. A 6/2014 MRI of thoracic spine showed central disc protrusion at T2-3, T3-4, T6-7, T7-8 with mild dural compression. MRI of the elbow showed moderate tendinosis of the common flexor tendon and mild tendinosis of the common extensor tendon, without tear, and mild osteoarthritis of the ulnotrochlear joint, and mild olecranon bursitis. X-ray of the cervical spine on 10/29/14 showed disc space narrowing, loss of lordosis, facet osteoarthritis and narrowing on the bilateral C2-C7. He was diagnosed with cervical disc disease, cervical spondylosis, cervical myofascial sprain and strain, lumbar or lumbosacral disc degeneration, lumbar spondylosis, and lumbar myofascial sprain and strain. Treatment included physical therapy, aqua therapy, and work modifications. His medications included hydrocodone-acetaminophen, ibuprofen, oxycodone-acetaminophen, and zolpidem. The current request is for Duexis which was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Duexis 800/26.6 mg #90 with 2 refills with a DOS of 10/29/2014:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The patient was prescribed Duexis for cervical and lumbar pain. According to MTUS guidelines, NSAIDs are recommended for short term relief of lower back pain and should be used for the shortest duration possible. Chronic use of NSAIDs carries risk of GI bleeding, hypertension, and renal dysfunction. The need for GI prophylaxis is not documented. According to MTUS, the patient is at low risk of GI events. He is younger than age 65, does not have a history of PUD, GI bleed or perforation, she does not use aspirin, chronic corticosteroids, or anticoagulants, is not on high dosages or multiple NSAIDs. There were no GI complaints. Duexis is also not considered first-line. The patient was on ibuprofen and it was unclear why he was switched to Duexis. Therefore, the request is considered not medically necessary.