

Case Number:	CM15-0005162		
Date Assigned:	01/16/2015	Date of Injury:	08/16/1991
Decision Date:	04/13/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/09/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old female suffered an industrial injury on 8/16/91, with subsequent ongoing back, neck, tibial and buttock pain as well as psychological issues. X-rays of the lumbar spine (11/14/13) showed degenerative spondylolisthesis at L4-5 with anterolisthesis on standing flexion. In a 3/3/14 progress report, the physician noted that magnetic resonance imaging lumbar spine showed degenerative spondylolisthesis at L4-5 with L4 and L5 foraminal stenosis. The physician recommended surgical repair; however, the injured worker declined. In a progress note dated 12/10/14, the injured worker complained of neck pain, bilateral upper extremity pain with numbness to all fingers, low back pain with throbbing in bilateral hips, burning pain and bilateral lower extremity pain and numbness. Physical exam was remarkable for slow, antalgic gait, moderate tenderness to palpation to the lumbar paraspinal muscles, severely limited range of motion of the lumbar spine, diminished sensation throughout both lower extremities and positive straight leg raise bilaterally. Current diagnoses included chronic bilateral hip pain, history of bilateral hip arthroplasties, chronic low back pain, lumbar radiculopathy, bilateral knee pain, chronic major depressive disorder and chronic pain disorder associated with both psychological factors and a general medical condition. Current work status was psychological disability status. The treatment plan included refilling Norco 10/325mg every 6 hours as needed, continuing Lidoderm Patch apply to skin every 12 hours on/12 hours off, refilling Duexis 800/26.6mg 1 tab three times a day as needed for flare ups, continuing Cymbalta every three days and requesting authorization for a functional restoration program evaluation. On 12/16/14,

Utilization Review noncertified a request for Duexis 800/26.6mg, QTY: 60.00, citing ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg, QTY: 60.00: 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), Pain Chapter.

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: The patient presents with neck pain and bilateral upper extremity pain with numbness of all fingers. She continues to experience low back pain with throbbing pain in bilateral hips. She also has burning pain and numbness down the posterior and lateral aspect of the bilateral lower extremities. She complains of stabbing pain that alternates between her left and right hip. Because of a recent fall she also is experiencing bilateral knee pain. The current request is for Duexis 800/26.6mg, QTY: 60.00. The treating physician states that Duexis helps to relieve flare-ups of pain and does not upset her stomach. The ODG guidelines state that Duexis is not recommended as a first-line drug. "Other strategies are recommended to prevent stomach ulcers in patients taking NSAIDs. See NSAIDs, GI symptoms & cardiovascular risk, where Proton pump inhibitors (PPIs) are recommended. With less benefit and higher cost, using Duexis as a first-line therapy is not justified." In this case, the treating physician has already prescribed a PPI and there is no reason in the medical records provided why the addition of a H2 blocker is indicated. Medical necessity has not been established. Recommendation is for denial.