

Case Number:	CM15-0009877		
Date Assigned:	01/21/2015	Date of Injury:	06/27/1988
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/16/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52-year-old male who reported an injury on 06/27/1988 due to an unspecified mechanism of injury. On 12/30/2014, he presented for an evaluation. He reported continued pain located in the lower back with associated weakness and paresthesias. He stated the pain would radiate into the bilateral buttocks. It was noted that he was taking Duexis with no "ADVR" and rated his pain level at a 6/10 to 7/10. It was also stated that he had undergone an ESI and had received 50% to 60% relief. A physical examination showed that his gait was within normal limits. He walked on heels and toes without difficulty, and paralumbar spasm was noted at 2+, as well as tenderness to palpation bilaterally. Atrophy was present in the quadriceps. On forward flexion, he was able to reach to the knees, lateral bending was 0 to 10 degrees on the right and to left 20 to 30 degrees with pain, and extension was 0 to 10 degrees, limited secondary to pain. Deep tendon reflexes were absent in the ankles, and sensation to light touch was decreased on the right and left in the lateral foot. Motor strength was a 5/5 in all groups bilaterally. He was diagnosed with low back pain. A request was made for Duexis 800/26/6 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26/6 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: According to the California MTUS Guidelines, NSAIDs are recommended for the short term symptomatic relief of low back pain, osteoarthritis, and tendinitis. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there was a lack of documentation showing evidence of efficacy with the medication, such as a quantitative decrease in pain or an objective improvement in the function to support its continuation. Also, it is unclear how long the injured worker has been using this medication, and without this information, continuation would not be supported, as it is only recommended for short term treatment. Furthermore, the frequency of the medication was not stated within the request. As such, the request is not medically necessary.