

Case Number:	CM15-0104689		
Date Assigned:	06/09/2015	Date of Injury:	05/13/2011
Decision Date:	07/10/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/01/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 58 year old female, who sustained an industrial injury on 5/13/2011. The mechanism of injury was not noted. The injured worker was diagnosed as having persistent cervicgia and status post arthroscopic subacromial decompression and debridement of the right shoulder 6/17/2014, with history of prior open rotator cuff repair on 10/23/2012. Treatment to date has included diagnostics, surgical intervention, physical therapy, and medications. Currently, the injured worker was seen for follow-up and reported participation in physical therapy, which was quite helpful. Physical exam noted increased tone throughout the cervical paraspinal musculature, without focal point tenderness or spasm. Gentle cervical compression did cause some pain in the posterior triangles of the neck and right shoulder showed mild positive impingement. Work status was modified with restrictions. Pain was not rated. The treatment plan included continued medications, noting Duexis and Robaxin. The use of these medications was noted since at least 11/2014. Urine toxicology was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Duexis is a combination of Ibuprofen and Famotidine. There is no documentation that the patient have a history of GI disease and failed the prescription of Ibuprofen and Famotidine separately. There is no controlled studies supporting the superiority of Duexis to Ibuprofen an Famotidine prescribed separately. According to MTUS guidelines, Famotidine is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient have GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Duexis 800mg #90 is not medically necessary.

Robaxin 750mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Robaxin, a non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm or that she was experiencing an acute exacerbation of pain. There is no clear documentation of the efficacy of previous use of Robaxin. The request for Robaxin 750mg, #30 is not medically necessary.