

<b>Case Number:</b>	CM15-0135079		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	04/04/2015
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 was a 36 year old female, who sustained an industrial injury, April 4, 2015. The injury was sustained when the injured worker was driving a car to work. The injured worker stopped for a red light and was rear ended by another vehicle. The injured worker suffered from pain in the mid ad lower back. The injured worker previously received the following treatments Meloxicam, Cyclobenzaprine, heating pad, Hydrocodone, Colace, Robaxin, Tramadol, Diazepam, Ibuprofen, lumbar spine MRI which showed L3-L4 posterior ligamentous hypertrophy, narrowing of L4-L5 with a 5-6mm protrusion, L5-S1 1-2 mm bulging disc, thoracic spine MRI which showed central disc protrusion T3-T4 which was seen to impinge upon and deform the cord, possible bilateral carpal tunnel, cervical thoracic strain and disc bulge at L4-L5 causing right sided foraminal narrowing. The injured worker was diagnosed with lumbar strain/sprain, thoracic strain/sprain, and cervical strain, upper extremity complaints with possible crush syndrome, ulnar nerve compression and constipation. The physical exam noted positive Tinel's syndrome over the cubital tunnel region bilaterally. The grip strength was mildly decreased bilaterally. There was mild tenderness with palpation along the paravertebral musculatures of the thoracic spine. There was mild tenderness with [palpation along the paravertebral musculatures of the lumbar spine. The straight leg raise testing was negative bilateral. There was mild central stenosis causing moderate foraminal narrowing on the right verses the left. According to anterior thigh extended to the right buttocks and into the anterior portion of the right thigh. The treatment plan included retroactive prescription for Duexis (Ibuprofen and Famotidine).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective; Duexis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-72.

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or a 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 gastro duodenal lesions. Recommendations patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.)Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily); or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a combination H2 blocker and NSAID. Therefore the request is not medically necessary.