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| Case Number: | CM15-0182204 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 12/31/2002 |
| Decision Date: | 10/27/2015 | UR Denial Date: | 08/17/2015 |
| Priority: | Standard | Application Received: | 09/16/2015 |

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 66 year old male with a date of injury on 12-31-2002. The injured worker is undergoing treatment for chronic cervical spondylosis myofascial pain upper trapezius, chronic lumbar spondylosis, left shoulder arthritis-bicipital groove tendonitis, depression, abdominal hernia, bilateral carpal tunnel syndrome, and gastritis secondary to NSAIDS. Comorbid diagnoses of hypertension, and diabetes. Physician progress notes from 02-09-2015 to 08-10-2015 documents the injured worker presented for refill of his medications. He is stable. He has no new complaints. His medications include Duexis and Lidoderm patches. H-wave unit helps 50%. On examination of the left shoulder, there is mild restriction and tenderness was present. The right wrist is tender over the volar, and there is pain with passive and resisted flexion at 10 degrees, and wrist extension forced-pain at 10 degrees. His cervical spine is tender at C3, C4, and C5 and paraspinal spasm are present along with trapezius trigger points. There is painful range of motion. There is tenderness of the greater occipital right and left. His lumbar spine is tender at L3, L4, and L5. There are trigger points as L3, L4, L5 and right sciatic. Range of motion is restricted. He has a normal gait. Treatment to date has included diagnostic studies, medications, injections, physical therapy, status post right knee surgery, use of a Transcutaneous Electrical Nerve Stimulation unit, and H-wave therapy. Unofficial x rays of the lumbar spine documented in physician notes showed retrolisthesis of the L2-L3. He is not working. The Request for Authorization on 08-11-2015 is for Duexis #90 x 1 month supply with 3 refills. On 08-17-2015 the Utilization Review non-certified the request for Duexis 600-26.6mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 600-26.6mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the medical records reviewed and the cited guidelines, the above medication is not clinically necessary for the following reasons: there is no evidence of medication related gastritis documented in the clinic record and the patient is not at increased risk of gastritis as risk factors including advanced age, history of peptic ulcer, gastrointestinal bleeding or concurrent use of NSAID with steroids or anticoagulants are lacking. CA MTUS guidelines state that the use of a proton pump inhibitor should be limited to the recognized indications and not prescribed for prophylactic use if there are no risk factors documented. Additionally it is recommended that it be used at the lowest dose for the shortest possible amount of time. The requested duexis is not a first line proton pump inhibitor. Considering lack of documented necessity, the medication is not medically necessary at this time.