MAXIMUS Federal Services

Case Number:	CM15-0191833		
Date Assigned:	10/05/2015	Date of Injury:	12/03/2008
Decision Date:	11/12/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/29/2015

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: Texas, Florida, California
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 54 year old female, who sustained an industrial injury on 12-3-08. The injured worker is being treated for lumbago, cervicalgia, low back pain, lumbar radiculopathy, pain in thoracic spine, lumbosacral spondylosis without myelopathy, extremity pain, neuralgia, neuritis and radiculitis, chronic pain syndrome, primary localized osteoarthritis of hip and hip pain. Urine drug screen performed on 6-9-15 was inconsistent with medications prescribed. Treatment to date has included oral medications including Vicodin, Duexis 800mg since at least 4-2015, Soma, Xanax, Tizanidine 4mg and Zoloft; trigger point injections, lumbar branch injections, physical therapy, psychological therapy spinal surgery transcutaneous electrical nerve stimulation (TENS) unit and activity modifications. On 9-8-15, the injured worker complains of low back pain with radiation to bilateral legs rated 10 out of 10 at its worst, average 7 out of 10 and currently 6 out of 10. She also complains of neck pain, diarrhea, constipation and migraines (she will have a follow-up with gastroenterologist). Work status is unclear. Physical exam performed on 9-8-15 revealed tenderness to palpation of cervical spine, cervical facet in C3-7 on both sides and painful range cervical range of motion; and tenderness to palpation of lumbar facet revealed pain on both sides at L3-S1, pain over the lumbar intervertebral spaces, pain of bilateral sacroiliac joints, tenderness of greater trochanteric bursa and painful range of motion of lumbar spine. On 9-8-15 a request for authorization was submitted for Duexis #90, Alprazolam 2mg #60 and Norco .5-325mg #120.On 9-8-15 request for Duexis was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800-26.6 #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Drugs.com; Official Disability Guidelines (ODG) Pain Chapter (Online Version); ACOEM Practice Guidelines 2004 Chapter 4 page 65.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Duexis.

Decision rationale: This claimant was injured 7 year ago. The medicines have been used at least since April 2015. The MTUS is silent on Duexis. Regarding Duexis, the ODG however notes: Not recommended as a first-line drug [it is a] combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. (FDA, 2012) Ibuprofen (eg, Motrin, Advil) and famotidine (e.g., Pepcid) are also available in multiple strengths OTC and 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, it would be difficult to justify using Duexis as a first-line therapy. Both Ibuprofen and famotidine, are available over the counter. It is not clear there is GERD to warrant a proton pump inhibitor like famotidine, but if there were, over the counter medicines would be sufficient, and this special prescription preparation would not be necessary. The request at present is not medically necessary.