

Case Number:	CM15-0192451		
Date Assigned:	10/06/2015	Date of Injury:	03/19/2015
Decision Date:	11/17/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/30/2015

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
 Certification(s)/Specialty: Emergency 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 52 year old male who sustained an industrial injury on 03-19-2015. A review of the medical records indicated that the injured worker is undergoing treatment for lumbago, degeneration of the lumbar disc and lumbar radiculitis. According to the treating physician's progress report on 08-26-2015, the injured worker continues to experience left lower back and buttock pain radiating into the posterior knee with activity or prolonged sitting. The injured worker rated his pain at 7 out of 10 on the pain scale. Examination demonstrated tenderness to palpation of the left paraspinal muscles, lumbosacral junction and left sciatic notch with decreased lumbar flexion due to pain. There was decreased sensation of the dorsal lateral aspect of the foot with decreased left extensor hallucis longus muscle and mild anterior dorsiflex or muscle strength. No reflex asymmetry was evident with positive straight leg raise with pain extending into the buttock and posterior left leg. Lumbar spine magnetic resonance imaging (MRI) performed on 05-06-2015 interpreted within the progress noted "moderate degree of neuroforaminal narrowing at L4-5 and L5-S1 with possible nerve root impingement of the left L5 nerve at L5-S1". Prior treatments have included diagnostic testing, physical therapy, acupuncture therapy, chiropractic therapy and medications. Current medication was listed as Tylenol. Trial of Flexeril irritated his stomach and Mobic and Voltaren were ineffective. Treatment plan consists of transforaminal lumbar epidural steroid injection (ESI), trial Robaxin and the current request for Duexis 800mg 26.6mg with 1 refill # 90.00. On 09-04-2015 the Utilization Review determined the request for Duexis 800mg 26.6mg with 1 refill # 90.00 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg 26.6mg, refill 1; per 8/26/16 order, qty 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

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

Decision rationale: The requested Duexis 800mg 26.6mg, refill 1; per 8/26/16 order, qty 90.00, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines (ODG) - Pain (chronic), Medications - compounded, do not recommend compounded medications as there is no clear evidence "about whether compounding medications are more efficacious than the single medication." The injured worker has left lower back and buttock pain radiating into the posterior knee with activity or prolonged sitting. The injured worker rated his pain at 7 out of 10 on the pain scale. Examination demonstrated tenderness to palpation of the left paraspinal muscles, lumbosacral junction and left sciatic notch with decreased lumbar flexion due to pain. There was decreased sensation of the dorsal lateral aspect of the foot with decreased left extensor hallucis longus muscle and mild anterior dorsiflexor muscle strength. The treating physician has not documented the medical necessity for compounded medications over single medications, nor failed trials of the constituent ingredient single medications. The criteria noted above not having been met, Duexis 800mg 26.6mg, refill 1; per 8/26/16 order, qty 90.00 is not medically necessary.