

Case Number:	CM15-0200624		
Date Assigned:	10/15/2015	Date of Injury:	08/04/2009
Decision Date:	11/24/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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 is a 46 year old female, who sustained an industrial injury on 8-4-09. The injured worker is diagnosed with cervical spine disc disorder, cervical pain, entrapment neuropathy upper limb and cervical facet syndrome. Her work status is full duty without restrictions. A note dated 8-27-15 reveals the injured worker presented with complaints of neck pain that radiates into her arms bilaterally. Her pain is rated at 8 out of 10 without medications. A physical examination dated 8-27-15 revealed restricted cervical spine range of motion due to pain and there is tenderness of the paravertebral muscles, spasms and tight muscle bane on the left. Tenderness is also noted at the paracervical muscles and trapezius muscles and tenderness along the bilateral facets from C4-C7. Treatment to date has included medications; Duexis (8-27-15), Flexeril (discontinued), Fioricet(discontinued), Celebrex(discontinued) and Percocet(discontinued), which reduce her pain allowing for improved function and increased endurance and tolerance (household activities, cooking, cleaning and shopping) per note dated 8-27-15; surgical intervention; C4-C5 cervical disc replacement fusion; physical therapy, medications, ICE, stretching and home exercise program. Diagnostic studies to date have included cervical spine CT scan (9-2015), cervical spine x-ray, electrodiagnostic study (2013) and a urine toxicology screen which is negative per note dated 8-27-15. A request for authorization dated 9-8-15 for Duexis 800-26.6 mg #90 is denied, per Utilization Review letter dated 9-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800-26.6mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 09/08/2015).

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

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. However there is no recorded need for a combination H2 antagonist/NSAID such as significant gastrointestinal disease like PUD. Therefore the request is not medically necessary.