MAXIMUS Federal Services

Case Number:	CM15-0026475		
Date Assigned:	02/18/2015	Date of Injury:	02/08/2002
Decision Date:	04/15/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/11/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 36 year old male, who sustained an industrial injury on 2/8/02. The injured worker has complaints of moderate pain in his neck, upper back, mid-back, low back and left shoulder. Examination of the cervical spine revealed palpable tenderness in the axial region; thoracic spine reveals palpable tenderness; lumbar spine reveals palpable tenderness with sacral compression and left shoulder reveals palpable tenderness with abduction. The diagnoses have included cervical spine myofascial strain with 1 millimeter disc bulge at C4-5 and C6-7; thoracic spine myofascial sprain/strain; lumbar spine myosfascial sprain/strain and left shoulder supraspinatus partial tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22 and 70.

Decision rationale: The California MTUS guidelines do not specifically address the medication Duexis (Ibuprofen/Famotidine); however, non-steroidal anti-inflammatories are considered traditional first-line of treatment to reduce pain and inflammation to increase function. GI side effects and adverse events associated with NSAIDs can be decreased with H-2 receptor antagonist; however, a search for an article and/or study to support the request has failed to document increased efficiency of Duexis when compared to taking both Ibuprofen and Famotidine as separate tablets. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded (Mens, 2005). The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. This request for Duexis is not medically necessary.

1 B12 injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Mental Illness and Stress.

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

Decision rationale: The official disability guidelines indicate that the specific criterion for a vitamin B-12 injection is if there is a documented vitamin B deficiency for the injured employee. As there is no documentation of this, this request for a vitamin B12 injection is not medically necessary.