

Case Number:	CM15-0211377		
Date Assigned:	10/30/2015	Date of Injury:	07/20/2015
Decision Date:	12/10/2015	UR Denial Date:	09/19/2015
Priority:	Standard	Application Received:	10/27/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 59 year old female, who sustained an industrial-work injury on 7-20- 15. She reported initial complaints of lumbar pain. The injured worker was diagnosed as having lumbar sprain-strain, disc degeneration, spondylosis, and unequal leg length. Treatment to date has included medication, physical therapy, and activity restriction-modification, back brace, and cane. X-rays were reported on 7-21-15 revealing moderately advanced degenerative disease at L4-5 and L5-S1. Currently, the injured worker complains of constant low back pain described as aching and sharp rated 8-9 out of 10 with continued radiating pain down the right lower extremity with weakness. There is also constant right hip pain rated 8-9 out of 10 and described as achy and sharp and aggravated by prolonged standing. Medication included Duexis. Per the physician's orthopedic evaluation on 9-9-15, exam noted restricted range of motion with 5 out of 5 strength, equal and symmetrical, 1+ reflexes, positive right seated straight leg raise, intact sensation, and no neurological deficits. Last day worked was 9-7-15. Gait was antalgic. The Request for Authorization requested service to include Duexis 800/26.6mg, 1 tablet by mouth up to three times a day, #90 refill: 2. The Utilization Review on 9-19-15 denied the request for Duexis 800/26.6mg, 1 tablet by mouth up to three times a day, #90 refill: 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg, 1 tablet by mouth up to three times a day, #90 refill: 2: Upheld

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

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: This medication in question is a combination of ibuprofen and famotidine. Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. Famotidine is an H2 receptor antagonist that is used to treat ulcers, gastroesophageal reflux disease and esophagitis. The clinical notes do not document a clinical indication or symptoms to justify use of this medication. The medical records fail to document any goals for improvement in pain or functional status or a discussion of side effects specifically related to duexis to justify use. The request is not medically necessary or substantiated in the records.