MAXIMUS Federal Services

Case Number:	CM15-0212445		
Date Assigned:	11/02/2015	Date of Injury:	08/13/2012
Decision Date:	12/15/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	10/28/2015

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, Illinois
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 51 year old male, who sustained an industrial injury on 8-13-12. He reported low back pain with shooting pain to bilateral legs right greater than left. The injured worker was diagnosed as having lumbosacral intervertebral disc degeneration and arthropathy. Treatment to date has included a home exercise program, use of a back brace, TENS, and medication including Duexis. Physical exam findings on 10-19-15 included lumbar spine restricted range of motion and spinous process tenderness at L4-5. Lumbar facet loading was positive bilaterally and a straight leg raise test was positive on the right. Sensation and motor function was normal. On 7-24-15 pain was rated as 2.5 of 10 with medication and 9 of 10 without medication. On 10-19-15 the treating physician noted "patient here has been taking Duexis for one year." On 7-24-15 the treating physician noted "he states he is able to perform his activities of daily living, go to work, and increase his activity level with aid of medications." On 10-19-15, the injured worker complained of low back pain rated as 3.5 of 10 with medication and 5 of 10 without medication. On 10-21-15 the treating physician requested authorization for Duexis 800-26.6mg #120. On 10-28-15 the request 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 800-26.6mg Qty: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non- steriodal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Duexis (ibuprofen & famotidine).

Decision rationale: The injured worker sustained a work related injury on 8-13-12. The medical records provided indicate the diagnosis of lumbosacral intervertebral disc degeneration and arthropathy. Treatment to date has included a home exercise program, use of a back brace, TENS, and medication including Duexis. The medical records provided for review do not indicate a medical necessity for Duexis 800-26.6mg Qty: 120.00. Duexis (ibuprofen & famotidine) is a drug containing an NSAID and an H2-receptor antagonist. The medical records indicate he has taken the medication for one year, contrary to the MTUS recommendation for acute use of NSAIDs to due to the risk of renal failure, liver damage, delayed healing, hypertension. The MTUS is silent on H2 receptor antagonist, but the Official Disability Guidelines does not recommend the use of Duexis as a first-line drug. The request is not medically necessary.