

Case Number:	CM15-0214253		
Date Assigned:	11/04/2015	Date of Injury:	04/25/2008
Decision Date:	12/31/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/30/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 67 year old female who reported an industrial injury on 4-25-2008. Her diagnoses, and or impressions, were noted to include: lumbar spondylolisthesis with degenerative facet changes and intermittent symptoms of bilateral lower extremity radiculitis-radiculopathy, status-post lumbar epidural steroid injection (ESI); multi-level cervical spondylosis; bilateral shoulder subacromial impingement; and symptoms of anxiety-depression. No imaging studies were noted. Her treatments were noted to include: lumbar ESI on 8-25-2015; low-impact exercise; modified activities; medication management; and rest from work. The progress notes of 9-30-2015 reported: a 70-80% improvement in pain following the lumbar ESI of 8-25-2015; that she would get sore by the afternoon, and had difficulty lifting her 35 pound granddaughter; that she tried to walk daily and was taking Norco and Ibuprofen daily; and that the TENS unit had not yet been authorized. The objective findings were noted to include: a mildly antalgic gait; loss of lumbar lordosis with diffuse tenderness and spasm in the bilateral lower lumbar spine; diminished sensation in the bilateral thighs-lower legs; and trace bilateral dorsalis pedis pulses. The physician's requests for treatment were noted to include Duexis #120 with 1 refill, 1 tablet 3 x a day with food, for pain. No Request for Authorization was noted for Duexis 800-26.6 mg, #120. The Utilization Review of 10-20-2015 non-certified the request for Duexis 800-26.6 mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6 #120: Overturned

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): Anti-inflammatory medications.

Decision rationale: The patient was injured on 04/25/08 and presents with lumbar spine pain. The request is for DUEXIS 800/26.6 #120. The utilization review denial letter did not provide a rationale. There is no RFA provided and the patient is permanent and stationary. Duexis is an Ibuprofen and famotidine combination is used to relieve the symptoms of rheumatoid arthritis and osteoarthritis. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient is diagnosed with lumbar spondylolisthesis with degenerative facet changes and intermittent symptoms of bilateral lower extremity radiculitis-radiculopathy, status-post lumbar epidural steroid injection (ESI); multi-level cervical spondylosis; bilateral shoulder subacromial impingement; and symptoms of anxiety-depression. The 08/11/15 treatment report states that the patient "would like to switch back to Duexis as she felt that this was a more helpful anti-inflammatory medication." It appears that this medication is beneficial to the patient's pain and function. Therefore, the requested Duexis IS medically necessary.