

Case Number:	CM15-0218959		
Date Assigned:	11/10/2015	Date of Injury:	08/15/2011
Decision Date:	12/22/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/06/2015

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 62 year old, female who sustained a work related injury on 8-15-11. A review of the medical records shows she is being treated for neck, bilateral shoulders and upper and lower back pain. In the progress notes dated 9-3-15 and 10-8-15, the injured worker reports neck, bilateral shoulders and upper and lower back pain. She has numbness in fingers of both hands. She reports her pain level is 7-8 out of 10 with medications and a 9-10 out of 10 without medications. She reports her pain and symptoms have not changed in the last few visits. She reports her medications "continue to reduce her pain level with minimal side effects." Upon physical exam dated 10-8-15, she has tenderness and spasms of cervical paravertebral muscles. Cervical range of motion is restricted. She has tenderness and spasms in lumbar paravertebral muscles. She has L4-5 lumbar facet tenderness. She has decreased right shoulder range of motion. Treatments have included physical therapy, TENS unit therapy, medications and home exercises. Current medications include Vimovo, Gabapentin, Hydrocodone-Acetaminophen, Naproxen, Prozone and Tramadol ER. The Vimovo is to be discontinued and Duexis is ordered with this latest office visit. New order for Duexis. She is working part-time. The treatment plan includes request for medications refills and for records. The Request for Authorization dated 10-14-15 has requests for Duexis and Vimovo. In the Utilization Review dated 10-22-15, the requested treatment of Duexis 800mg.-26.6mg. #90 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg-26.6mg #90: 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 Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: 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. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDS to justify use. 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 necessity of duexis is not substantiated in the records. Therefore, the requested treatment is not medically necessary.