

Case Number:	CM15-0221108		
Date Assigned:	11/16/2015	Date of Injury:	09/05/2014
Decision Date:	12/30/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/10/2015

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:

The injured worker is a 59 year old male, who sustained an industrial injury on 9-05-2014. The injured worker was being treated for impingement syndrome right shoulder, with partial tear of the rotator cuff and glenoid labrum, impingement syndrome left shoulder, and history of lumbar spondylosis with mild grade 1 anterolisthesis of L4 on L5 and severe foraminal stenosis, L4 on L5. Treatment to date has included diagnostics, cortisone injection, physical therapy, epidural steroid injection, and medications. On 9-25-2015, the injured worker complains of constant pain in the right shoulder, extending to his neck, upper back, and down his right forearm. There was popping and grinding within the shoulder and it hurt to utilize his arm overhead. His shoulder motion was limited and his grip was weak. He reported that it hurt to lift more than one half gallon of milk, stating that prior to the injury he could lift 50 pounds without difficulty. He also reported constant left shoulder pain, limited motion, weakness of grip, pain with overhead utilization, and pain lifting more than one half gallon of milk. He also reported constant low back pain, with pain to sit for more than 15 minutes, or to stand or walk greater than one hour. He continued to work light duty. His medications included "hypertension medication, diabetes medication, and pain medication". Gastrointestinal complaints were not noted. Exam noted right hand dominance, marked pain with range of motion of the right shoulder, 1+ acromioclavicular joint crepitus bilaterally, tenderness to palpation to the bilateral shoulders and mid-lumbar and lumbosacral areas, and trace muscle spasm in the lumbar area. Motor and sensory exam was intact to the lower extremities. Medication requests included Duexis, Ambien, Flexeril, and Norco. The PR2 report (dated 6-02-2015) noted gastrointestinal complaints to include dyspepsia with some episodic epigastric pain, treated with antacids and H2 blockers. On 10-16-2015 Utilization Review non-certified a request for Duexis 800mg three times daily, quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg 1 tablet 3 times daily #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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient was injured on 09/05/14 and presents with right shoulder pain. The request is for Duexis 800 mg 1 tablet 3 times daily #90. There is no RFA provided and the patient is on modified work duty. There is no indication of when the patient began taking this medication. Duexis is an Ibuprofen and famotidine combination 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 impingement syndrome right shoulder, with partial tear of the rotator cuff and glenoid labrum, impingement syndrome left shoulder, and history of lumbar spondylosis with mild grade 1 anterolisthesis of L4 on L5 and severe foraminal stenosis, L4 on L5. Treatment to date includes diagnostics, cortisone injection, physical therapy, epidural steroid injection, and medications. None of the reports provided discuss how Duexis impacted the patient's pain and function. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Duexis is not medically necessary.