MAXIMUS Federal Services

Case Number:	CM15-0223333		
Date Assigned:	11/19/2015	Date of Injury:	03/22/2005
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/13/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male, who sustained an industrial injury on 3-22-2005. The injured worker is undergoing treatment for cervical herniated nucleus pulposus (HNP) and lumbar herniated nucleus pulposus (HNP). Medical records dated 4-15-2015, 7-15-2015 and 10-14-2015 indicate the injured worker complains of neck pain with pressure rated 2 out of 10 and back pain with spasm rated 3 out of 10. Physical exam dated 10-14-2015 notes "mild" cervical tenderness to palpation with decreased range of motion (ROM) and lumbar tenderness to palpation with decreased range of motion (ROM). Treatment to date has included home exercise program (HEP) and Duexis since at least 4-15-2015. The treating physician on 10-14-2015 indicates the injured worker uses Duexis as needed and averages 1 tablet a week. The injured worker is retired. The original utilization review dated 10-28-2015 indicates the request for Duexis 26.6/800mg #270 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 26.6/800mg #270: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Duexis prescribing information.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2005 when, while working as a [redacted] Highway Patrol officer, his vehicle was struck from behind. In February 2011 his past medical history was that of elevated cholesterol controlled with medications and current medications included naproxen and Prevacid. When seen by the requesting provider in October 2015 he was having neck pain and pressure and low back pain with occasional spasms. Pain was rated at 2-3/10. He was continuing to take Duexis as needed and averaging one tablet per week. Physical examination findings included cervical and lumbar spine tenderness. There was decreased cervical and lumbar spine range of motion. There was bilateral buttock tenderness. Recommendations included ongoing home exercise. Duexis #270 is being requested. Duexis is a combination of ibuprofen 800 mg and famotidine 26.6 mg. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no documented history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. He is taking this medication on average only one time per week and the non-steroidal anti-inflammatory component dose is not consistent with guideline recommendations. Based on reported use, the quantity being requested would be used for 5 years which exceeds the 2 year shelf life for this medication. The request is not medically necessary.