MAXIMUS Federal Services

Case Number:	CM15-0030112		
Date Assigned:	02/23/2015	Date of Injury:	09/06/2013
Decision Date:	04/03/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/18/2015

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
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 34 year old male, who sustained an industrial injury on September 6, 2013. He has reported injury to his lumbar spine, back, bilateral lower extremities, head and sleep deprivation. The diagnoses have included discogenic back pain, lumbar spine sprain/strain and insomnia due to pain. Treatment to date has included diagnostic studies, medications, H-Wave device, acupuncture, physical therapy and cortisone injections to his right foot. Currently, the injured worker complains of constant pain in his neck rated as a 9 on a 1-10 pain scale, constant pain in his lower back that traveled to both legs and numbness and tingling to the legs. He reported that the current pain levels are with medication use. On February 2, 2015, Utilization Review non-certified 90 tablets of Duexis 800mg and one month supply of Terocin pain patch, noting the Official Disability Guidelines. On February 18, 2015, the injured worker submitted an application for Independent Medical Review for review of 90 tablets of Duexis 800mg and one month supply of Terocin pain patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets Of Duexis 800mg: 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), Treatment Index, 11th Edition (web), 2014, Pain Chapter, Duexis (Ibuprofen & Famotidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

Decision rationale: The patient is a 34 year old male with an injury on 09/06/2013. He has neck pain and back pain. Duexis is a combination of Ibuprofen (NSAIDS) with famotidine (H2 blocker). MTUS guidelines note that long term treatment with NSAIDS is not recommended. It is associated with GI, renal, cardiovascular adverse effects and decreases soft tissue healing. It is not medically necessary for this patient.

1 Month Supply Of Terocin Pain Patch: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 113.

Decision rationale: The patient is a 34 year old male with an injury on 09/06/2013. He has neck pain and back pain. Terocin is a topical analgesic. MTUS guidelines state that if one active component of a compound topical analgesic is not recommended then the entire compound is not recommended. Terocin is a combination of Menthol and Lidocaine. Menthol is not recommended so Terocin is not recommended.