

Case Number:	CM15-0033300		
Date Assigned:	02/26/2015	Date of Injury:	09/07/2002
Decision Date:	04/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 female, who sustained an industrial injury on 09/07/2002. On provider visit dated 01/07/2015 the injured worker has reported low back pain. The diagnoses have included degenerative disc disease, trochanteric bursitis, fibromyalgia/myositis, lumbar spondylosis, radiculopathy of lumbar spine and lumbosacral sprain/strain. Treatment to date has included medication and diagnostic studies. On examination she was noted to have pain on palpation of lumbar facet, intervertebral spaces and greater trochanteric bursa. Pain was noted on range of motion as well. On 02/04/2015 Utilization Review non-certified Duexis 800 mg/26.6 mg, ninety count, provided on January 7, 2015. The ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800 mg/26.6 mg, ninety count, provided on January 7, 2015: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIOmeprazole Page(s): 22, 67, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAID, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Duexis 800/26.6 milligram #90 date of service January 7, 2015 is not medically necessary. Duexis is a combination of non-steroidal anti-inflammatory drug and H2 receptor blocker. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. H2 receptor blockers are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are chronic lumbar spine pain and degenerative disc disease; trochanteric bursitis; fibromyalgia/myositis; lumbar spondylosis; radiculopathy; strain/sprain lumbosacral. Duexis contains Ibuprofen and Famotidine. Medical record contains 35 pages. There is a single progress note dated January 7, 2015. The medications in the January 7, 2015 progress note are listed as naproxen 550 mg, Norco 10/325 mg and Robaxin 750 mg. Duexis is not listed. There is no documentation indicating a change to Duexis. There is no clinical indication for change to Duexis. There are no co-morbid conditions or past medical history demonstrating risk factors for peptic ulcer disease, G.I. bleeding, concurrent use of aspirin, etc. Consequently, absent clinical documentation with a clinical indication or rationale for Duexis in the absence of risk factors, Duexis 800/26.6 milligram #90 date of service January 7, 2015 is not medically necessary.