

Case Number:	CM15-0034006		
Date Assigned:	02/27/2015	Date of Injury:	12/30/2008
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
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

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 49 year old male who sustained an industrial injury on 12/30/2008. Current diagnoses include cervical disc injury with facet arthralgia, left labral tear, right de Quervain's syndrome, right lateral epicondylitis, right extensor carpi ulnaris tendinosis, and lumbar disc injury with facet arthralgia causing sciatica into right more than left lower extremity. Previous treatments included medication management, medial branch blocks, left shoulder surgery, home exercise program, and physical therapy. Report dated 01/20/2015 noted that the injured worker presented with complaints that included neck and low back pain. Physical examination was positive for abnormal findings. Utilization review performed on 02/12/2015 non-certified a prescription for Duexis, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg quantity 90 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 606.

Decision rationale: Per the 01/20/15 report the patient presents with neck pain and flare up of lower back pain s/p MBB 01/09/15. The current request is for DUEXIS 800mg QUANTITY 90 WITH THREE REFILLS Ibuprofen, an NSAID. The RFA is not included. As of 12/19/14 the patient is working full time. MTUS Anti-inflammatory medications page 22 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. The treater does not discuss this medication in the reports provided. The most recent 01/20/15 report states that Norco, Relafen and Lyrica are being refilled; however, it is unknown if Duexis is a starting or continuing medication or the reason it is being prescribed. No other NSAIDs are mentioned. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. The request IS NOT medically necessary.