

Case Number:	CM15-0037295		
Date Assigned:	03/05/2015	Date of Injury:	11/09/2013
Decision Date:	05/01/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/27/2015

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: Maryland, District of Columbia
 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 39 year old male, who sustained an industrial injury on 11/9/13. He has reported low back pain related to a fall. The diagnoses have included lumbago, lumbosacral spondylosis, thoracic/lumbosacral neuritis and unspecified myalgia. Treatment to date has included lumbar MRI, physical therapy and pain medications. As of the PR2 dated 1/29/15, the injured worker reports mild to severe low back pain and sharp right leg pain that causes numbness in the calf. The treating physician noted a normal lumbar inspection and full lower extremity motor function. The treating physician requested Duexis 800/26.6mg #90. On 2/4/15 Utilization Review non-certified a request for Duexis 800/26.6mg #90. On 2/24/15, the injured worker submitted an application for IMR for review of Duexis 800/26.6mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Duexis 800/26.6mg by mouth 3 times a day dispensed 90 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: The employee was a 39 year old male who sustained an industrial injury while he was hit by a biker accidentally and he fell backward onto his back. He reported pain in lower back radiating to right lower extremity. His pain level was 5-7/10. His treatment included physical therapy and medications in past and Excedrin OTC recently. His examination findings included limited lumbar spine range of motion, tenderness of right paralumbar area, tightness of right gluteus, piriformis and upper hip muscle groups with normal SLR. MRI of LS spine from 1/20/12 showed spondylitic changes from L3-S1, mild broad based posterior disc bulge from L3-4 and moderate broad based posterior disc bulge L4-S1 without canal stenosis and lobulated cyst anterior to facet joint left L5-S1. Diagnoses included lumbago, lumbosacral spondylosis without myelopathy, myalgia and myositis and thoracic or lumbosacral neuritis or radiculitis. The request was for Duexis TID for 10 days and then prn. Duexis is a combination of Ibuprofen and Famotidine. Famotidine is an H2 blocker which is recommended for NSAID induced dyspepsia. According to MTUS chronic pain medical treatment guidelines, PPIs and H2 blockers are recommended for treatment of NSAID induced dyspepsia or to prevent GI events in patients at high risk for GI complications including advanced age, prior GI bleeding or concurrent use of steroids or antiplatelet agents. The employee was young and had no prior or current history of GI symptoms. Hence the use of a combination of H2 blocker along with Ibuprofen is not recommended over an NSAID alone. The request is not medically necessary or appropriate.