

Case Number:	CM15-0045220		
Date Assigned:	04/13/2015	Date of Injury:	12/01/2009
Decision Date:	05/06/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/10/2015

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: Emergency 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 51 year old female, who sustained an industrial injury on 12/01/2009. According to a progress report dated 01/30/2015, the injured worker complained of low back pain that radiated down her left hip with associated popping. She also complained of increased pain and spasms in her low back over the last two weeks due to a new job duty that required her to bend over and pick up her charts. Medications regimen included Soma and Advil alternating with Naprosyn. She reported gastrointestinal (GI) upset. Pain was rated 5 on a scale of 1-10 with medications and 8 without medications. She reported improvement with activities of daily living as well as increased ability to sit, stand, walk and work as a result of her current medications usage. Diagnoses included herniated nucleus pulposus of the lumbar spine. Treatment plan included continue Soma and discontinue Naprosyn due to GI side effects. A prescription was given for Duexis. The provider requested authorization for a urine drug screen to the utilization of Soma. The injured worker was to return to work without restrictions or limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Pain Procedure Summary, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As per MTUS Chronic Pain Guidelines, Urine Drug Screening is an option in monitoring patients on chronic opioid therapy. Patient is not on any documented opioid therapy. Provider has not documented any rationale for why urine drug screening is needed or why patient may be at risk of abuse. There is reported prior requests for UDS but no results were provided for review. Documentation does not meet any criteria to recommend urine drug screen.

Duexis 26.6/800mg #90 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Citation (Section): NSAIDs(Non-steroidal anti-inflammatory drugs) NSAIDs, GI symptoms and cardiovascular risk Page(s): 67 and 68-69. Decision based on Non-MTUS Citation ODG: Pain(Chronic): Duexis.

Decision rationale: Duexis is a brand name combination medication containing ibuprofen & famotidine. Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Documentation shows that patient has been on NSAIDs chronically with reported dyspepsia. There is documentation of some improvement in pain. Famotidine is an H2-blocker which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS chronic pain guidance, a H2-blockers or PPIs are recommended in patients on NSAIDs with dyspepsia or is at high risk of GI bleed. Patient has had a history of dyspepsia with NSAID use. As per Official Disability Guidelines, Duexis is not a first line medication and is reserved only failure of first line medication. It is unclear why patient is on an expensive branded combination of ibuprofen and H2-blocker, both of which are now available individually in cheaper generic versions. There is no documentation of failure of standard ibuprofen and famotidine. Duexis is not medically necessary.