

Case Number:	CM15-0047685		
Date Assigned:	03/19/2015	Date of Injury:	10/04/2008
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/13/2015

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 62-year-old female, who sustained an industrial injury on 10/4/08. She reported back injury. The injured worker was diagnosed as having lumbar disc protrusion, lumbar radiculopathy, lumbar post fusion, right sacroiliac ligament inflammation and right L5-S1 radiculopathy. Treatment to date has included (MRI) magnetic resonance imaging of right knee, (CT) computerized tomography scan of lumbar spine, lumbar interbody fusion, physical therapy, home exercise program. Currently, the injured worker complains of low back pain, right leg and calf pain associated with numbness and leg weakness. On physical exam, marked tenderness on palpation of right sacroiliac joint is noted with low back pain increased with lumbar extension. The treatment plan dated 1/14/15 noted injection over the right posterior superior iliac spine, continuation of home exercise program and further physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 26.6mg quantity 800: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications NSAIDs, GI symptoms & cardiovascular risk Page(s): 22, 69.

Decision rationale: The patient presents with low back, right leg and calf pain associated with numbness and leg weakness. The request is for DUEXIS 26.6 MG QUANTITY 800. The RFA is not provided. Patient's diagnosis included lumbar disc protrusion, lumbar radiculopathy, lumbar post fusion, right sacroiliac ligament inflammation and right L5-S1 radiculopathy. The patient is temporarily totally disabled. Per FDA label indication, Duexis is a combination of the NSAID Ibuprofen and the histamine H2-receptor antagonist Famotidine indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers, which in the clinical trials was defined as a gastric and/or duodenal ulcer, in patients who are taking ibuprofen for those indications. The clinical trials primarily enrolled patients less than 65 years of age without a prior history of gastrointestinal ulcer. MTUS Guidelines 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." For Famotidine, MTUS page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Treater states that Duexis "seems to give her relief of her back pain." The initiation date of this prescription is not known. Per progress report dated 01/05/15, the patient is noted to have epigastric pain consistent with gastroesophageal reflux disease (GERD) aggravated by the use of NSAID medication. The patient is also noted to have undergone upper GI endoscopy, which confirmed gastritis. Although the treater has not provided reason for the request and does not discuss why a combination medication is required, given the patient's GI risk factors and diagnosis, the request seems to be reasonable. Therefore, the request IS medically necessary.