

Case Number:	CM15-0050384		
Date Assigned:	03/23/2015	Date of Injury:	03/18/1996
Decision Date:	05/01/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/17/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old male, who sustained an industrial injury on March 18, 1996. The injured worker was diagnosed as having a lumbar protrusion. Treatment has included a lumbar epidural, work modifications, and medications including pain, non-steroidal anti-inflammatory and non-steroidal anti-inflammatory. On January 29, 2015, the injured worker complains of intermittent low back pain without leg symptoms. The physical exam revealed decreased lumbar range of motion. The treatment plan includes pain, muscle relaxant, and non-steroidal anti-inflammatory/histamine 2 inhibitor medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 months of Duexis 800 mg: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Duexis® (ibuprofen & famotidine).

Decision rationale: The injured worker sustained a work related injury on March 18, 1996. The medical records provided indicate the diagnosis of lumbar protrusion. Treatment has included a lumbar epidural, work modifications, and medications including pain, non-steroidal anti-inflammatory and non-steroidal anti-inflammatory. The medical records provided for review do not indicate a medical necessity for 6 months of Duexis 800 mg. Duexis contains ibuprofen 800 mg and famotidine 26.6 mg, and is indicated for rheumatoid arthritis and osteoarthritis. The MTUS recommends the use of the lowest dose of NSAIDs for the shortest period in patients with moderate to severe pain. Also, the MTUS states that 800mg Ibuprofen has not been found to provide more pain relief than Ibuprofen 400mg. The records indicate the injured worker has been using this medication for at least six months. The MTUS required regularly monitoring an individual of long term use of NSAIDs for Liver function, blood count and kidney function; but the records do not indicate the injured worker is being monitored.

6 months of Ultram 50 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on March 18, 1996. The medical records provided indicate the diagnosis of lumbar protrusion. Treatment has included a lumbar epidural, work modifications, and medications including pain, non-steroidal anti-inflammatory and non-steroidal anti-inflammatory. The medical records provided for review do not indicate a medical necessity for 6 months of 6 months of Ultram 50 mg. The MTUS recommend the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS recommends against the use of opioids for longer than 70 days in the treatment of chronic pain due to lack of quality evidence of benefit. Also, the MTUS requires that individuals on opioid treatment be monitored for pain control, addiction, aberrant behavior and activities of daily living.

6 months of Flexeril 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on March 18, 1996. The medical records provided indicate the diagnosis of lumbar protrusion. Treatment has included a lumbar epidural, work modifications, and medications including pain, non-steroidal anti-inflammatory and non-steroidal anti-inflammatory. The medical records provided for review do

not indicate a medical necessity for 6 months of Flexeril 10 mg. The MTUS recommends against the use of Flexeril (Cyclobenzaprine) muscle relaxant for more than 2-3 weeks.