

Case Number:	CM15-0082929		
Date Assigned:	05/05/2015	Date of Injury:	09/21/2004
Decision Date:	06/09/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/30/2015

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: Family Practice

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 54 year old male, who sustained an industrial/work injury on 9/21/04. He reported initial complaints of head trauma and cognitive deficits, decreased vision, right shoulder pain, and back pain. The injured worker was diagnosed as having closed head injury with post concussive headaches, memory loss, and right shoulder strain. Treatment to date has included medication, neurology consult, psychiatric evaluation, ophthalmology evaluation, and diagnostics. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 12/12/14 that demonstrated cervical radiculopathic process involving C5-T1 nerve roots and lumbosacral radiculopathic process involving L2-S2 nerve roots bilaterally. Currently, the injured worker complains of pain in the back and neck, memory loss, and visual disturbance with occasional nausea. The neck pain is getting worse with severe cramps radiating in his left shoulder blade with frequent headaches. Per the primary physician's progress report (PR-2) on 4/7/15, functional improvement was 50% improved with activity of daily living with taking medication. Examination revealed positive cervical compression test, left shoulder positive impingement sign, limited lumbar range of motion and weakness in the right lower extremity. The right wrist exam reveals a painful swelling over the dorsum of the wrist and passive range of motion is painful with Finkelstein maneuver mildly painful. Current plan of care included Norco, discontinuing Mobic, and changing to Duexis for inflammation. The requested treatments include Duexis 800/26.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.5mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 68.

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

Decision rationale: The CA MTUS recommend using a proton pump inhibitor with a prescribed NSAID for the patients at risk for gastrointestinal events. Per ODG, Duexis (ibuprofen & famotidine) is not recommended as a first-line drug. Per ODG, Ibuprofen (eg, Motrin, Advil) and famotidine (eg, Pepcid) are also available in multiple strengths over the counter and other strategies are recommended to prevent stomach ulcers in patients taking non-steroidal anti-inflammatory medications. In this case, the medical records do not establish that the injured worker is a risk for gastrointestinal events. Furthermore, a compound medication consisting of a anti-inflammatory medication and proton pump inhibitor is not supported as first line treatment. The request for Duexis 800/26.5mg, #90 is not medically necessary and appropriate.