

Case Number:	CM15-0088296		
Date Assigned:	05/12/2015	Date of Injury:	06/29/1998
Decision Date:	06/17/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/07/2015

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 51-year-old male patient who sustained an industrial injury on 06/29/1998. A primary treating office visit dated 10/21/2014 reported the patient with subjective complaint of having about a 60 % relief in low back pain along with more functional increase in activities of daily living. The patient is happy with ne medication regimen. The pain medication helps 90% of the pain. Current medications consist of Duragesic 50mcg, Percocet, and Xanax. He is also complaining of insomnia. The following diagnoses are applied: lumbar spondylosis, lumbar strain/sprain with radiculopathy. The plan of care noted the patient to continue with home exercise program, continue with current medication regimen, and prescribed Ambien trial for insomnia. Of note, the patient underwent left lumbar transforaminal epidural injection, myelogram under fluoroscopy. A recent primary treating office visit dated 03/31/2015 reported subjective complaint of having a 60% decrease in pain after receiving the epidural injection. She reports the Tramadol makes her dizzy. Objective findings shoed decreased range of motion of the lumbar spine. He is diagnosed with lumbar spondylosis, and L3-L7 degenerative disc disease and bulge. The plan of care showed the Tramadol being discontinued, prescribed Duexis and continue with home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatories, NSAIDs against both GI and cardiovascular risk Page(s): 22, 68-69.

Decision rationale: The 51-year-old patient presents with lumbar spondylosis and L3-S1 degenerative disc disease and disc bulge, as per progress report dated 03/31/15. The request is for Duexis #60. The RFA for the case is dated 04/03/15, and the patient's date of injury is 06/29/98. The low back pain is rated at 3-4/10, as per progress report dated 03/31/15. As per progress report dated 03/10/15, the patient complained of left leg pain, rated at 8-9/10, posterior to a fall, and has been diagnosed with left lumbar spine radiculopathy. Medications, as per progress report dated 03/31/15, included Percocet, Duragenic patch, Tramadol, and Duraxeis. The patient is off work, as per the same progress report. 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. In this case, most progress reports are handwritten and not very legible. A prescription for Duexis only noted in progress report dated 03/31/15. The treater does not discuss why this medication was chosen over other NSAIDs. There is no documentation of GI issues such as GERD, gastritis or peptic ulcer. Hence, the request is not medically necessary.