

Case Number:	CM15-0241132		
Date Assigned:	12/18/2015	Date of Injury:	04/18/2015
Decision Date:	01/22/2016	UR Denial Date:	12/04/2015
Priority:	Standard	Application Received:	12/10/2015

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: North Carolina
 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 37 year old male, who sustained an industrial injury on 04-18-2015. A review of the medical records indicates that the worker is undergoing treatment for status post L4-L5 laminectomy and discectomy and low back pain with right radicular symptoms with probable L5 nerve root compression versus disc herniation. Treatment has included Oxycodone, Soma, Diclofenac, Percocet, Cyclobenzaprine, epidural steroid injection, physical therapy and chiropractic treatment. Subjective complaints (09-07-2015, 10-12-2015 and 11-19-2015) included constant low back pain and tingling in the right lower extremity. Pain level before and after the use of pain medication was not documented. Objective findings (09-07-2015 and 10-12-2015) revealed decreased range of motion of the lumbosacral spine with tenderness and tightness of the right paravertebral muscles L4-PSIS and positive straight leg raise on the right. Objective findings (11-19-2015) included slight difficulty getting from a supine to a sitting position and from a sitting to a supine position, 2+ tenderness in the lower lumbar area, 1+ palpable muscle spasm in the lumbar area, decreased sensation along the medial aspect of the right foot, weakness of the extensor hallucis longus on the right, supine straight leg raising to 60 degrees on the right with right buttock and posterior thigh pain and to 70 degrees on the left causing low back pain and associated hamstring tightness and sitting straight leg raising to 70 degrees on the right and 80 degrees on the left. The physician noted that due to the worker's persistent symptoms and lack of response to conservative medical management and abnormal MRI study recommendation for a repeat laminectomy with discectomy and nerve root decompression at L4-L5 on the right was recommended. A request for Duexis was submitted without rationale for the request. A

utilization review dated 12-04-2015 non-certified a request for Duexis 800 mg 1 tab 3 times daily #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg 1 tab 3 times daily #90: 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), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. There is no documented indication for a combination NSAID/H2 blocker and therefore, the request is not medically necessary.