

Case Number:	CM14-0113945		
Date Assigned:	09/22/2014	Date of Injury:	01/17/2007
Decision Date:	10/24/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64-year-old male with a reported injury on 01/17/2007. The diagnoses included chronic low back pain, chronic neck pain, myofascial pain/spasms and anxiety and depression secondary to chronic pain. The past treatments included pain medication, physical therapy and surgical intervention. There were no diagnostic imaging studies submitted for review. The surgical history included status post right knee arthroscopy. The subjective complaints on 08/14/2014, included chronic severe neck pain which radiates to the shoulders/arms and head. It is also noted that the pain radiates to mid low back and down bilateral legs. The physical exam findings noted tenderness over the paraspinal muscles in the lumbar and cervical spine. There was ongoing severe crepitus on active range of motion in the cervical spine. He has facet based pain in both cervical spine and lumbar spine. The injured worker's medications included Norco, Nucynta ER, Duexis and Cymbalta. The treatment plan was to continue and refill medications. A request was received for Duexis 1 by mouth twice per day 3 times per day #90. The rationale for the request was to relieve pain. The Request for Authorization form was not provided in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis I by mouth twice per day- three times per day #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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Duexis® (ibuprofen & famotidine)

Decision rationale: The request for Duexis 1 by mouth twice per day 3 times per day #90 is not medically necessary. The Official Disability Guidelines state Duexis is not recommended as it has less benefit and higher cost. Using Duexis as first line therapy is not justified. The injured worker has chronic pain. The notes did not indicate if the injured worker has tried and failed first line therapies for pain, such as traditional NSAIDs. Also, there is not specific rationale as to why Duexis is necessary over a traditional NSAID. As Duexis is not supported by the guidelines, the request is not supported. As such, the request is not medically necessary.