

Case Number:	CM14-0093661		
Date Assigned:	09/12/2014	Date of Injury:	11/15/2013
Decision Date:	10/22/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/20/2014

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 Family Medicine and is licensed to practice in California. 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 42 year old male who had a work related injury on 11/15/13. He was picking up a case of liquor which weighed approximately 30 lbs. and suffered low back pain. He has no prior history of back pain. He was seen at [REDACTED], found to have a 4mm L5-S1 disc bulge with moderate to moderate left neuroforaminal stenosis and mild right neuroforaminal stenosis. He was referred to physical therapy for 12 visits, manual therapy, TENS unit which was helpful. He declined epidural steroid injections and wanted to return to work. He had been on modified work of no lifting over 25 lbs. until that time, and then placed on regular duty as of 01/27/14 with acupuncture treatments x 3 which helped. He then requested a 2nd opinion with transfer of care. Again he was not interested in injections. He was not able to tolerate regular duty, so he went to his regular primary care physician to get an off work note from 01/27/14. The most recent medical record submitted for review is dated 03/24/14. He is complaining of low back, left buttock, and posterior leg to foot and all toes. He complains of burning constant pain which he rates up to a 9/10. It is worse with twisting, left greater than right, bending over, flexing, and is partially relieved with Advil 600mg TID and rest. He had intermittent numbness to his left lower calf and ankle. No tingling or weakness. The injured worker denies having any other bodily injuries associated with his injury. Review of systems the injured worker denies any fever, chills, nausea, vomiting, rash, redness, swelling, weakness, bladder or bowel incontinence, unintentional weight loss, chest pain, abdominal pain, blood in stool or urine. Physical examination reflexes are 2+ throughout. No clonus. Normal tone. Negative Babinski's. Tender to palpation in the left L5-S1 paraspinals and mild left S1. Left mid and lateral gluts are tender to palpation as well. Forward flexion 8 inches from fingertips to floor. Extension 10 degrees with left L5-S1 pain. Lateral extension increased contralateral left L4-5 pain. Lateral flexion with increase ipsilateral left L5-S1 pain. Straight leg raise and

Lesegue's is negative. Pelvis compression is negative. The injured worker ambulates without assistive devices able to toe, heel, and tandem walk slowly with low back pain. Lumbar MRI without contrast dated 01/23/14 revealed T12-L3 is unremarkable. At L3-4 revealed mild bilateral facet hypertrophy without significant spinal canal or neuroforaminal stenosis. At L4-5 level revealed broad based disc bulge approximately 2mm with mild bilateral facet hypertrophy without significant spinal canal or neuroforaminal compromise. At the L5-S1 level, revealed a broad based disc bulge approximately 4mm with mild bilateral facet hypertrophy. This results in moderate left neuroforaminal narrowing. Diagnosis is lumbar disc herniation with radiculopathy, facet degenerative joint disease. Prior utilization review dated 06/12/14 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 chapter, Duexis® (ibuprofen & famotidine)

Decision rationale: Current guidelines indicate the prescription combination of ibuprofen and famotidine is not recommended as a first-line drug treatment when both components of Duexis are readily available with over-the-counter formulations in multiple strengths and variations. With less benefit and higher cost, it is difficult to justify using Duexis as a first-line therapy. Additionally, there's no discussion in the documentation regarding the necessity of proton pump inhibitors. As such, the request for Duexis 800 #60 cannot be recommended as medically necessary.

Lumbar Corset (Qty.1): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. 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) Low back chapter, Lumbar supports

Decision rationale: The clinical documentation submitted does not support the request. There is no clinical indication that warrants the use of a lumbar corset. As such, medical necessity has not been established. The request for Lumbar Corset (qty.1) is not medically necessary.

