

Case Number:	CM14-0095539		
Date Assigned:	07/25/2014	Date of Injury:	02/19/1999
Decision Date:	09/22/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/23/2014

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 Occupational and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in Ohio and West Virginia. 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:

This individual is a 66 year old female with a 2-19-99 date of industrial injury. MRI 8-09; disc herniation L3-4, L4-5 (left side), spinal stenosis L3-4, L4-5 (mild), and moderate facet arthropathy in the lumbar spine. She has a history of degenerative disc disease in her neck and back, bilateral carpal tunnel syndrome and left knee arthritis following knee replacement in 2005. Physician visit 4/19/14 individual complains of 8/10 pain in her back radiating down to her left leg with a lower backache and tailbone/coccyx pain (subjective). Restricted range of motion, tenderness on palpation to paravertebral muscles. Lumbar facet loading and straight leg raising test are both positive on the left side. Significant tenderness is also noted over coccyx (objective). Medical records do not discuss any gastrointestinal problems with the individual. Current prescriptions: Trazadone, Soma, Lidoderm 5% patch, Morphine Sulfate CR, Venlafaxine Hcl ER, Norco and Duexis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800-26.6mg daily, # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Not recommended as a first line drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines), NSAIDS, GI symptoms & cardiovascular risk Page(s): 67-69.

Decision rationale: Duexis is a combination drug containing 800mg of Ibuprofen and 26.6 mg of Famotidine (Prevacid). Per MTUS, NSAIDS such as Ibuprofen are to be used for short-term symptomatic therapy for chronic back pain. Acute exacerbations of chronic pain, acetaminophen is recommended first line. Combining Ibuprofen with a proton pump inhibitor, Famotidine, is indicated in those with a moderate to high risk for gastrointestinal bleeding, perforation, and anticoagulation use. There is no evidence to support the use of a combination medication as this time. The records do not indicate a failure of first line treatment, nor does it appear that the individual needs a proton pump inhibitor at this time. Her medical records state that she is without any gastrointestinal history or problems. Duexis 800-26.6mg daily, # 30 is deemed not medically necessary.