

Case Number:	CM13-0069795		
Date Assigned:	01/03/2014	Date of Injury:	06/21/2007
Decision Date:	03/30/2015	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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: New York
 Certification(s)/Specialty: Internal Medicine

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 patient is a 47 year old male who was injured on 06/21/2007. He tripped while walking to the rear of the bus aggravating prior low back condition. His diagnoses include 1) Failed back surgery syndrome; 2) Lumbar radiculopathy; 3) Status post L4-S1 fusion; 4) Status post L4-L5 laminectomy; 5) L3-L4 spinal stenosis, severe; 6) Lumbar degenerative disc disease; 7) Status post St. Jude Medical spinal cord stimulator; and 8) Withdrawal symptoms secondary to weaning of OxyContin . His current medications, 02/13/2013, Include: Oxycodone 10 mg q.i.d. and Ibuprofen 800 mg t.i.d. Diagnostic studies reviewed include x-rays remain stable in regard to his previous films of 11/23/2011, with the stimulator position unchanged and no acute changes of the lumbar spine. Toxicology Lab Report dated 10/03/2013 revealed positive results for Oxycodone and Oxymorphone indicating the patient is taking as prescribed. PR2 dated 11/22/2013 documented the patient to have complaints of increasing pain in the back as well as left lower extremity but it improves with rest. The left lower extremity has pain that radiates to the anteroposterior thigh and mid-calf, which he rates as a 5/10. It is aggravated with either lying flat or standing and walking. He has weaned off his OxyContin. He continues with the Oxycodone up to four to six tablets per day, which he finds to be managing his pain in conjunction with use of his spinal stimulator. The treating provider had requested Duexis #90 for the DOS 11/4/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 11/4/13): Duexis #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: This is a 47 yr. old male with a low back injury DOI 6/27/2007. The patient has a chronic pain syndrome which includes low back pain, failed back syndrome and lumbar radiculopathy. NSAID medications are recommended for the treatment of chronic pain as a second line therapy after acetaminophen. Duexis is a combination of Ibuprofen and Famotadine (H2 antagonist). There is no specific indication for gastric protection. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. The claimant has no documented GI issues. The claimant can be maintained on traditional NSAID therapy. Medical necessity for the requested item has not been established. The requested item is not medically necessary.