MAXIMUS Federal Services

Case Number:	CM14-0213714		
Date Assigned:	12/31/2014	Date of Injury:	03/22/2013
Decision Date:	02/25/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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 Jersey, New York
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 40 year-old male who injured his lumbar spine and left knee while pursuing a suspect on 3/22/13. He complained of left knee pain. A 6/2013 MRI of the left knee showed elevation of the posterior horn of medial meniscus off the posterior horn of the medial tibial plateau with fluid signal intensity extending along the undersurface to the periphery. MRI of lumbar spine showed disc bulge and bilateral facet joint hypertrophy, moderate bilateral neural foraminal narrowing, and bilateral facet joint hypertrophy. He was diagnosed with lumbar degenerative disc disease, lumbar disc bulges, facet arthropathy, and left knee posterior horn medial meniscus coronary ligament tear. He was treated with medications including Norco, Motrin, Soma, and Protonix, and physical therapy. He had no relief with acupuncture. He had radiofrequency thermocoagulation neurolysis of lumbar nerves. The current requests are for Duexis, Ibuprofen, and Famotidine which was denied by utilization review on 11/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis #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, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request is considered not medically necessary. The patient was prescribed Duexis for knee lumbar pain. According to MTUS guidelines, NSAIDS are recommended for short term relief of lower back pain and should be used for the shortest duration possible. Chronic use of NSAIDs carries risk of GI bleeding, hypertension, and renal dysfunction. The need for GI prophylaxis is not documented. According to MTUS, the patient is at low risk of GI events. He is younger than age 65, does not have a history of PUD, GI bleed or perforation, she does not use aspirin, chronic corticosteroids, or anticoagulants, is not on high dosages or multiple NSAIDs. But the patient is already treated with Protonix. Duexis is also not considered first-line. Therefore, the request is considered not medically necessary.

Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Ibuprofen is not medically necessary. NSAIDs are first line treatment to reduce pain and are recommended at the lowest dose for the shortest duration. The patient's lumbar pain is said to have been decreased from 7/10 to 4/10 with medications, however, there was no documentation of functional improvement. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, the request for Ibuprofen is considered not medically necessary.

Famotidine: 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, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Famotidine is not considered medically necessary. The patient is currently taking Protonix. There is no need to add an H2 blocker. According to MTUS, the patient is at low risk of GI events. He is younger than age 65, does not have a history of PUD, GI bleed or perforation, she does not use aspirin, chronic corticosteroids, or anticoagulants, is not on high dosages or multiple NSAIDs. There are no documented GI complaints. Because of these reasons, the request is considered not medically necessary.