

<b>Case Number:</b>	CM14-0092805		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/20/2004
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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: North Carolina, Georgia  
 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 60 year old male, who sustained an industrial injury on 04/20/2004. According to a progress report dated 05/30/2014, the injured worker was seen for medication management. During the previous visit the injured worker had to return to Norco for pain control. Norco was noted to be much more effective and his pain decreased and his activity level was increased. He still considered himself to be in severe pain and relied on multiple medications. Diagnoses included post laminotomy pain syndrome, status post L4-5 and L5-S1 microdiscectomy with persistent residuals and epidural granulation, status post failed percutaneous spinal cord stimulation trial, left hip internal derangement, status post left hip arthroscopy for labral tear with persistent residuals, left sacroiliitis/left piriformis syndrome, chronic pain syndrome, narcotic-dependency and sleep disorder. Nucynta ER, Opana ER, Tramadol ER and Suboxone had been discontinued. Treatment plan included Norco, Zanaflex, Duexis, Cymbalta, Naproxen, Senokot-S, Lunesta and Prilosec. Currently under review is the request for a 1 prescription of Duexis and 1 prescription of Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Duexis 800mg/26.6mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

**Decision rationale:** CA MTUS guideline are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Duexis (ibuprofen/ranitidine) does not meet the criteria as the claimant is prescribed a second NSAID (naprosyn) and the rationale for use of two different NSAID medications is not documented. Concurrent use is not medically indicated. Duexis is not medically necessary.

**1 Prescription of Prilosec 20mg:** 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 Section 2 Page(s): 68.

**Decision rationale:** CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events and Prilosec therefore is not medically necessary.