

Case Number:	CM15-0002106		
Date Assigned:	01/13/2015	Date of Injury:	09/01/2010
Decision Date:	03/13/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35-year-old male who reported an injury on 09/01/2010. The mechanism of injury involved a fall. The current diagnoses include headache, lumbar radiculopathy, abnormality of gait, lumbar spine pain, lumbar herniated disc, and cervical radiculopathy. The injured worker presented on 01/16/2015 for a followup evaluation with complaints of neck pain and headaches. Previous conservative treatment include medication management. The injured worker reported an improvement in headaches with the use of Duexis. Upon examination, there was positive straight leg raise on the left at 60 degrees, facet loading pain at L3-S1, an antalgic gait, pain with anterior lumbar flexion, and 4/5 left hand grip strength. Recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Duexis 800/26.6mg #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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as second line option after acetaminophen. According to the documentation provided, the injured worker had been previously treated with ibuprofen without an improvement in symptoms. Given that the patient has not responded favorably to previous use of ibuprofen, the medical necessity for the above medication has not been established in this case. There is also no frequency listed in the request. As such, the request is not medically appropriate at this time.