MAXIMUS Federal Services

Case Number:	CM15-0115401		
Date Assigned:	06/23/2015	Date of Injury:	04/15/2013
Decision Date:	07/23/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/15/2015

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, Pain Management

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 44 year old female sustained an industrial injury on 4/15/13. She subsequently reported neck and shoulder pain. Diagnoses include right shoulder pain, cervical pain, bilateral knee pain and headaches/ facial pain. Treatments to date include x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience neck and right shoulder pain. Upon examination, there is diffuse tenderness to palpation in the right shoulder. There are spasms and tenderness in the right lateral neck. Deep tendon reflexes are 1/ 4 in the bilateral upper and lower extremities. Right shoulder and cervical spine range of motion is reduced. Hoffman's, Babinski's and Clonus signs are absent. A request for one right sided C3, C4 and C5 cervical facet joint radiofrequency ablation and Duexis 800/26.6 mg, sixty count was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right sided C3, C4 and C5 cervical facet joint radiofrequency ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Facet joint diagnostic blocks, Facet joint pain, signs & symptoms, Facet joint radiofrequency neurotomy.

Decision rationale: Regarding the request for radiofrequency ablation, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Within the documentation available for review, the patient has had medial branch blocks on 4/22/2015 with pain reduction from 5/10 to 0/10, however, it is unclear whether there was any functional improvement or that the pain reduction lasted for 6 weeks. Furthermore, there is no documentation of failed conservative treatment including physical therapy and a home exercise program for the cervical region. In the absence of such documentation, the currently requested radiofrequency ablation is not medically necessary.

Duexis 800/26.6 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Duexis (ibuprofen and famotodine).

Decision rationale: Regarding the request for Duexis, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. ODG states Duexis is not recommended as a first-line drug. [redacted] recently announced the launch of Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy. Within the medical information available for review, there is no indication for the need for Duexis as opposed to ibuprofen and famotidine separately. The Guidelines do not recommend Duexis as a first-line drug. In light of the above issues, the currently requested Duexis is not medically necessary.