

Case Number:	CM15-0119514		
Date Assigned:	07/23/2015	Date of Injury:	03/30/2001
Decision Date:	08/25/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 53 year old female, who sustained an industrial injury on 3/30/01. She reported back pain and leg symptoms. The injured worker was diagnosed as having post lumbar laminectomy syndrome and lumbar radiculopathy. Treatment to date has included chiropractic treatment, epidural steroid injections, oral medications including Naproxen sodium 550mg, Lyrica 50mg, Ibuprofen 600mg, Zanaflex 4mg, Percocet 10-325mg, Protonix 20mg, Albuterol 0.083%, Iron solution 220mg-5ml and Wellbutrin 75mg; lumbar discectomy, bilateral sacroiliac joint steroid injections. Currently on 5/19/15, the injured worker complains of back pain with radiation from low back to thigh, calf and dorsal aspect of foot, she rates the pain 7/10 with medications and 9/10 without medications; sleep quality is poor. She notes her activity level has decreased and medications are working well. Documentation notes improved function with medications. The injured worker is working full time. Physical exam performed on 5/19/15 revealed slow, antalgic gait, lumbar spine surgical scars, positive lumbar facet loading, tenderness of lumbar paravertebral muscles and positive straight leg raise. The treatment plan included continuation of Percocet, Lyrica, Naproxen, Zanaflex and addition of Methadone 5mg and Duexis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Duexis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG pain, Duexis.

Decision rationale: Duexis is a combination of Ibuprofen and Famotidine (Pepcid). Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID) and Famotidine is an H2 antagonist for gastrointestinal (GI) protection. Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. CA MTUS recommends NSAIDs for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is no documentation indicating a history of GI distress symptoms or specific GI risk factors. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.