

Case Number:	CM15-0119991		
Date Assigned:	06/30/2015	Date of Injury:	04/13/1984
Decision Date:	07/29/2015	UR Denial Date:	05/27/2015
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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 65-year-old male, who sustained an industrial injury on 4/13/1984. The mechanism of injury is unknown. The injured worker was diagnosed as having low back pain syndrome and chronic pain syndrome. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/1/2015, the injured worker complains of low back pain radiating to the bilateral lower extremities. Physical examination showed reduced sensation to the distribution of the fourth lumbar nerve bilaterally. The treating physician is requesting Duexis 800 mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg Qty 100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines pain (chronic) see also body part chapters Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

Decision rationale: The MTUS recommend NSAIDs as a treatment option for short-term symptomatic relief. Besides the well-documented side effects of NSAIDs (to include gastrointestinal complications, cardiovascular risks, etc.), there are other less well known effects of NSAIDs that must be considered, including possible delayed healing in the soft tissues, including muscles, ligaments, tendons, and cartilage. Given the chronicity of pain in this worker, with lack of objective evidence to support functional and pain improvement on the medication (which is not a first-line drug) the reason for Duexis is unclear. There is no clear evidence of failed GI prophylaxis and the clinical value of the medication over the long term is questionable. The note from 5/1/15 is very brief and provides little insight into the patient's clinical picture. Without further evidence of efficacy/benefit outweighing the potential risks of long-term treatment, the request is not considered medically necessary.