

Case Number:	CM15-0123012		
Date Assigned:	07/07/2015	Date of Injury:	06/21/2012
Decision Date:	08/11/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/26/2015

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: Texas, New York, California
 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 applicant is a represented 40-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 21, 2012. In a Utilization Review report dated June 12, 2015, the claims administrator failed to approve requests for MRI imaging of the lumbar spine and Duexis. The claims administrator referenced a June 9, 2015 RFA form and associated progress note of May 27, 2015 in its determination. The applicant's attorney subsequently appealed. In a June 12, 2015 RFA form, an updated lumbar MRI was sought. In an associated progress note dated May 12, 2015, the applicant reported ongoing complaints of low back pain, 4/10. The applicant stated that he was improved since the preceding office visit dated April 15, 2015. The applicant exhibited 4+ to 5/5 bilateral lower extremity motor function with pain limited lower range of motion appreciated. The attending provider referenced earlier lumbar MRI imaging of March 20, 2014, notable for small herniated disk at L4-L5 and L5-S1. The attending provider stated that the applicant had received multiple lumbar injections, naproxen, Motrin, Soma, massage therapy, physical therapy, and Duexis, it was reported. An updated lumbar MRI was sought, seemingly for structural evaluation purposes, the treating provider suggested. The applicant was asked to follow up in one month. The applicant's work status was not explicitly stated. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on this date. In a separate RFA form dated June 10, 2015, Soma and Duexis were endorsed. The applicant was previously given prescriptions for Soma and Duexis on April 15, 2015. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on this occasion. It was suggested that the applicant had been returned to work on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indication of imaging Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: No, the request for lumbar MRI imaging was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, there was neither an explicit statement (nor an implicit statement) that the applicant would act on the results of the proposed lumbar MRI and/or consider surgical intervention based on the outcome of the same. The attending provider seemingly suggested that MRI imaging of the lumbar spine was being ordered for structural evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.

Diexis 800mg: 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), Duexis (ibuprofen & famotidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation DUEXIS(®) (ibuprofen 800 mg, famotidine 26.6 mg): a new www.ncbi.nlm.nih.gov/ National Center for Biotechnology Information by AE Bello - 2012 - Cited by 6 - Related articles DUEXIS(®) (ibuprofen 800 mg, famotidine 26.6 mg).

Decision rationale: Similarly, the request for Duexis was likewise not medically necessary, medically appropriate, or indicated here. Duexis, per the National Library of Medicine (NLM) is an amalgam of ibuprofen and famotidine, an anti-inflammatory medication, and famotidine, proton pump inhibitor. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonist such as famotidine are indicated in the treatment of NSAID-induced dyspepsia, here, however, progress notes of April and May 2015, referenced above, did not contain any explicit references to or make any mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Since the famotidine component of the amalgam is not indicated, the entire amalgam is not indicated. Therefore, the request was not medically necessary.