

Case Number:	CM15-0123218		
Date Assigned:	07/07/2015	Date of Injury:	06/24/2013
Decision Date:	08/04/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/25/2015

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: Emergency 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 50-year-old female patient who sustained an industrial injury on 06/24/2013. A recent primary treating office visit dated 04/28/2015 reported chief complaint of having severe neck pain, and arm pain. She states having continued pain in the neck. She has been denied facet blocks, along with an updated magnetic resonance imaging study of the cervical spine. She has recently had elevated liver enzymes and has been instructed to avoid steroids. She is diagnosed with multi-level cervical bulging disc and cervical radiculopathy. The plan of care noted the patient continuing with home exercise program, transcutaneous nerve stimulator unit, and using Duexis one TID. She is to undergo a MRI of cervical spine due to increased paresthesia to arm, and return visit in 6 weeks. The patient is to remain on temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 26.6/800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDS, GI symptoms & cardiovascular risk, Hypertension and renal function, Specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Duexis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Medications compounded.

Decision rationale: The requested Duexis 26.6/800mg #90 is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines (ODG): Pain (chronic); Medications: compounded, do not recommend compounded medications, as there is no clear evidence "about whether compounding medications are more efficacious than the single medication." The injured worker has continued pain in the neck. She has been denied facet blocks, along with an updated magnetic resonance imaging study of the cervical spine. She has recently had elevated liver enzymes and has been instructed to avoid steroids. She is diagnosed with multi-level cervical bulging disc and cervical radiculopathy. The treating physician has not documented the medical necessity for compounded medications over single medications, nor failed trials of the constituent ingredient single medications. The criteria noted above not having been met, Duexis 26.6/800mg #90 is not medically necessary.