

Case Number:	CM15-0067672		
Date Assigned:	04/15/2015	Date of Injury:	06/09/2010
Decision Date:	05/19/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/09/2015

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: Internal 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 38 year old male with an industrial injury date of 06/09/2010. His diagnosis includes displacement of lumbar intervertebral disc without myelopathy. Prior treatments include physical therapy, chiropractic treatments, acupuncture, epidural injections, hip surgery and medications. He presents on 02/27/2015 for follow up of hip and low back. Since the injured worker's last visit he had a recurrence of groin and hip pain. Physical examination noted the facet joints of the lumbar spine were not impressively tender upon palpation, although extension and rotation of the lumbar spine was somewhat limited. The plan of treatment consisted of a follow up with the orthopedic surgeon and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg 3x/day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 63.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page 68-69. Decision based on Non-MTUS Citation American College of Gastroenterology -

Guidelines for Prevention of NSAID-Related Ulcer Complications (2009)
<http://s3.gi.org/physicians/guidelines/NSAIDJournalPublicationFebruary2009.pdf>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that NSAIDs are recommended for low back conditions. Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole (Prilosec), is recommended for patients with gastrointestinal risk factors. American College of Gastroenterology Guidelines for Prevention of NSAID-Related Ulcer Complications (2009) reported that systematic reviews have shown that H2RA histamine-2-receptor antagonist medications are effective in reducing the risk of NSAID-induced endoscopic gastric ulcers. The pain management progress report dated February 27, 2015 documented a history of injury to the hip and low back. The patient is status post right hip surgery. MRI magnetic resonance imaging the abnormalities of the lumbosacral spine. The patient takes Duexis to control pain as needed. No other medications were noted. The patient has returned to work and overall continues to do well. Duexis (Ibuprofen/Famotidine) 800 mg/26.6 mg was renewed. ACOEM guidelines support the use of the NSAID Ibuprofen for low back conditions. Clinical practice guidelines support the use of Famotidine. Therefore, the request for Duexis (Ibuprofen/Famotidine) 800 mg/26.6 mg is medically necessary.