

Case Number:	CM15-0090893		
Date Assigned:	05/15/2015	Date of Injury:	06/29/1998
Decision Date:	06/22/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/11/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 51 year old female with an industrial injury dated 6/29/1998. The injured worker's diagnoses include lumbar spondylosis and L3-S1 degenerative disc disease and disc bulge. Treatment consisted of Magnetic Resonance Imaging (MRI) of the lumbar spine, prescribed medications, and periodic follow up visits. In a progress note dated 3/3/2015, the injured worker presented for follow up visit. The injured worker rated lower back pain a 3-4/10. The injured worker also reported that Tramadol makes her dizzy and there were no side effects to Percocet or Duragesic patches. Objective findings revealed decrease range of motion in lumbar spine with no complaints of leg pain. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed Duexis quantity 60 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition. The medical records report no history of any GI related disorder. As such the medical records do not support a medical necessity for famotidine in the insured. Duexis is a combination NSAID/famotidine product and as famotidine is not supported congruent with ODG guidelines. Duexis is not medically necessary.