MAXIMUS Federal Services

Case Number:	CM15-0093423		
Date Assigned:	05/20/2015	Date of Injury:	12/30/2003
Decision Date:	06/24/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/14/2015

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 66-year-old who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of December 30, 2003. In a Utilization Review report dated April 30, 2015, the claims administrator failed to approve requests for Duexis and Norco. The claims administrator referenced an April 7, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On April 7, 2015, the applicant reported 8/10 low back and neck pain complaints. The applicant had undergone earlier failed lumbar spine surgery, it was acknowledged. Ancillary complaints of neck and knee pain were reported. Norco and Duexis were endorsed. The applicant was apparently using Norco at a rate of 4 times a day. It was stated that the applicant was using Duexis for GI-upset purposes. The applicant was placed off work, on total temporary disability. Little-to-no discussion of medication efficacy transpired. The applicant was described as exhibiting painful and limited range of the motion about the lumbar spine on this date. On February 3, 2015, Norco, Terocin, Soma, and Duexis were endorsed for ongoing complaints of low back, knee and neck pain. Once again, the applicant was placed off work, on total temporary disability. Little-to-no discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis #90: 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), Treatment Index, 13th Edition (web), Pain, Duexis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: No, the request for Duexis, an amalgam of ibuprofen and famotidine, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as famotidine are indicated in the treatment of NSAID-induced dyspepsia, as was seemingly present here, this recommendation is however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the attending provider did not state whether or not ongoing usage of Duexis had proven effective in attenuating the applicant's pain complaints or proven effective in attenuating the applicant's symptoms of reflux. The fact that the applicant remained off of work, on total temporary disability, coupled with the fact that the applicant continued to report pain complaints as high as 8/10 and continued to remain dependent on opioid agents such as Norco, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Duexis (ibuprofen-famotidine). Therefore, the request was not medically necessary.

Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improve functioning, and/or reduced pain achieved because of the same. Here, however, the applicant was off work, on total temporary disability, as suggested above. The applicant continued to report pain complaints as high as 8/10, despite ongoing Norco usage. The attending provider failed to outline any meaningful or material improvements in function or quantifiable decrements in pain affected as result of ongoing Norco usage. Therefore, the request was not medically necessary.