

Case Number:	CM15-0098600		
Date Assigned:	05/29/2015	Date of Injury:	08/07/2014
Decision Date:	06/30/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 (IW) is a 50-year-old female who sustained an industrial injury on 08/07/2014. She reported neck and back pain. The injured worker was diagnosed as having cervical disc herniation C4-5, Left thoracic strain, and lumbar strain. Treatment to date has included diagnostic MRI, work restrictions and medications. Currently, the injured worker complains of neck pain, headaches off and on with shoulder pain on the right and radiation of pain to right arm. She also complains of lower back pain radiation to left leg to heel. She is allergic to Tylenol and sensitive to other medications and has not used many other pain medications. Ibuprofen is beginning to cause some swelling under her eyes. She complains of lumbo-sacral back pain that is rated a 7/10 with medications and a 10/10 without medications. Current medications (03/06/2015) are Tramadol, and Ibuprofen. She is tender at the lumbar spine, tender at facet joint, has decreased flexion, and decreased extension, and decreased lateral bending. A request for authorization is made for Duexis 800mg-26.6mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg-26.6mg #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); Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71. Decision based on Non-MTUS Citation Duexis prescribing information.

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for neck and back pain. When seen, ibuprofen is referenced as causing some swelling under her eyes and, specifically, not causing nausea as was Tramadol. Pain was rated at 6/10. Physical examination findings included decreased cervical spine and shoulder range of motion. There was pain with shoulder range of motion. She had positive Finkelstein and Tinel testing and forearm and wrist tenderness. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend that a medication with an H2-receptor blocker such as famotidine be prescribed. Therefore, Duexis was not medically necessary.