

Case Number:	CM15-0098818		
Date Assigned:	06/01/2015	Date of Injury:	09/25/2007
Decision Date:	06/30/2015	UR Denial Date:	04/27/2015
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:

This 41 year old male sustained an industrial injury to the low back on 9/25/07. Previous treatment included magnetic resonance imaging, physical therapy, epidural steroid injections and medications. Magnetic resonance imaging 6/24/14 showed degenerative disc disease, spondylolisthesis at L5-S1 and disc bulge at L4-5 with disk fragment contacting the thecal sac and nerve root. In a PR-2 dated 4/14/15, the injured worker complained of severe low back pain with shooting pain down the left leg. The injured worker reported 50% reduction in pain and 50% functional improvement with medications. The injured worker was working. Physical exam was remarkable for lumbar spine with palpable spasms, positive bilateral straight leg raise, decreased sensation to light touch to the left calf and foot, absent left Achilles reflex and 5/5 lower extremity strength. Current diagnoses included history of thoracic spine compression fractures, low back pain, lumbar spine sprain/strain and lumbar spondylolisthesis. The treatment plan included continuing medications (Duexis, Tylenol and Lorzone) and a pain management consultation for epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg #60: 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, Duexis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71. Decision based on Non-MTUS Citation Duexis prescribing information.

Decision rationale: The claimant sustained a work injury in September 2007 and is being treated for radiating low back pain. When seen, he was having severe pain. Physical examination findings included an antalgic gait with lumbar spasms. There was decreased lumbar spine range of motion and positive straight leg raising. There was decreased left lower extremity strength and an absent left ankle reflex. Medications have included over-the-counter ibuprofen and Prilosec. The claimant had previously taken Aleve. There is no documentation of medication intolerance and review of systems has been negative for heartburn. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Dosing of ibuprofen should not exceed 3200 mg/day. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. He is taking a non-steroidal anti-inflammatory medication at a dose consistent with guideline recommendations. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend that an H2-receptor blocker such as famotidine which is a component of Duexis be prescribed. Therefore, it is not medically necessary.