

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/5/2013**

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

7/30/2013

Date of Injury:

4/19/2004

IMR Application Received:

8/28/2013

MAXIMUS Case Number:

CM13-0017947

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Duexis tab 800-26.6 #60 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/13/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Duexis tab 800-26.6 #60 is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, has a subspecialty in Preventive Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This is a female claimant who suffered an injury on April 19, 2004 which resulted in cervical spine pain, cervical radiculopathy, carpal tunnel syndrome and depression associated with chronic pain. She has used Oxycontin, Percocet, Lidoderm Patches, and Napralen, as well as epidural injections for pain along with a TENS unit. A recent progress note on June 3, 2013 indicated she was on Duexis along with Lidoderm patches and a TENS unit for pain management due to cervical radiculopathy and fibromyalgia. A progress note on July 25, 2013 noted she was on Oxycontin, Percocet and epidural injections to reduce her pain 60% and NSAIDs were held due to use of epidural steroids.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]

1) Regarding the request for Duexis tab 800-26.6 #60:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Anti-Inflammatory Medications, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, page 68, which is a part of MTUS.

Rationale for the Decision:

Duexis contains famotidine and ibuprofen. According to the MTUS guidelines, NSAIDs such as ibuprofen are to be used for short-term symptomatic therapy for chronic back pain. Its use with a proton pump inhibitor (PPI) such as famotidine is indicated in those with moderate to high risk for gastrointestinal bleeding, perforation, and anticoagulation use. In this case, the records provided for review show that the Duexis is combined with multiple opioids and topical analgesics. The pain response was not documented sufficiently to Duexis. Furthermore, there was no indication for a PPI use. **The request for Duexis tab 800-26.6 #60 is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dso

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.