

<b>Case Number:</b>	CM13-0007590		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	08/01/2010
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2013

### 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. The expert reviewer is Board Certified in Family Practice, 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 39-year-old female claimant who sustained an injury on 8/1/10 resulting in chronic shoulder pain. She had developed a subacromial impingement syndrome and underwent subacromial decompression surgery with clavicular resection in 2012. For intermittent recurrent pain she had received left shoulder steroid injections and therapy. An examination note on June 17, 2013 indicated continued pain, tingling, weakness and stiffness in the right shoulder region. Her examination was noted for atrophy, loss of strength and paresthesias. She was given a prescription for Duexis 800/26.6 mg with 6 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DUEXIS 800/26.6MG W/6 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-75.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, "NSAIDS may be used for --Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial

therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors." The MTUS Chronic Pain Guidelines do not make recommendations for H2 blockers in regards to GI prophylaxis with NSAID use. However those with GI risk factors are recommended to use a proton pump inhibitor or COX 2 inhibitor. In this case, the claimant did not have a history of GI complaints, such as bleeding or use of anticoagulation. Furthermore, the claimant did not have documented osteoarthritis of the shoulder. As a result, the use of an NSAID and H2 blocker - Duexis, is not medically necessary and appropriate.