

Case Number:	CM13-0046173		
Date Assigned:	12/27/2013	Date of Injury:	11/07/2012
Decision Date:	05/09/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/12/2013

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 Occupational 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial contusion injury of November 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and psychotropic medications. In a utilization review report of October 24, 2013, the claims administrator denied a request for Duexis, citing non-MTUS ODG Guidelines although the MTUS does obliquely address the topic. The claims administrator wrote that the applicant should consider proton-pump inhibitors as a first-line treatment in lieu of Duexis. A May 1, 2013 progress note is notable for comments that the applicant is off of work owing to issues related to low back pain, knee pain, anxiety, stress, wrist pain, and depression. On November 21, 2013, the applicant was again described as off of work, on total temporary disability. The applicant was reporting persistent low back and hip pain. The applicant is described as off work. Motrin was endorsed on this occasion. Earlier handwritten notes of September 17, 2013 and October 10, 2013 are difficult to follow. There is no specific mention of dyspepsia, although it is stated. The applicant is having issues with insomnia, back pain, sleep dysfunction, and depression. On July 16, 2013, the applicant was described as having ongoing issues with hip and back pain. There was no mention made of reflux, dyspepsia, or heartburn noted in either the past medical history or review of systems section of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT RETROSPECTIVE PHARMACY PURCHASE OF DUEXIS #90 FOR
DOS 09/24/2013: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY DURATION GUIDELINES, TREATMENT IN WORKERS' COMPENSATION, 2013, WEB-BASED EDITION

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: The Expert Reviewer's decision rationale: Duexis is an amalgam of ibuprofen and famotidine. Famotidine is an H2 antagonist. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of H2 antagonists in individuals with NSAID-induced dyspepsia, in this case, however, there is no specific mention of issues related to NSAID-induced dyspepsia. Several progress notes, referenced above, did not make any mention of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. It is further noted that the applicant was ultimately given a prescription for non-selective NSAIDs, ibuprofen, and appeared to make no mention of issues related to dyspepsia. For all the stated reasons, then the request is not certified, on independent medical review.