

Case Number:	CM14-0000906		
Date Assigned:	06/11/2014	Date of Injury:	12/28/1994
Decision Date:	07/14/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 injured worker is a 62-year-old female who reported an injury on 12/28/1994 due to an unspecified mechanism of injury. On 10/02/2013, she reported being easily fatigued and pain throughout the day. The diagnoses included hypertension with elevated system vascular resistance, fibromyalgia, gastroesophageal reflux disease (GERD), and an ortho condition. She had been using Celebrex and protonix. The treatment plan was for Duexis 800mg #60. The request for authorization and rationale were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DUEXIS 800MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IBUPROFEN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69,72.

Decision rationale: The request for Duexis 800mg #60 is non-certified. The California MTUS Guidelines state that Ibuprofen doses should not exceed 3200mg/day. For mild to moderate pain, 400mg PO every 4-6 hours as needed is recommended. Doses greater than 400mg have not provided greater relief of pain. There is no documentation of the intensity of pain or a rationale

for this medication. Also, non-steroidal anti-inflammatory drugs (NSAIDs) with a mixture of H2-receptor antagonists are recommended for the treatment of dyspepsia secondary to NSAIDs therapy. There is no documentation stating that the injured worker was experiencing dyspepsia to warrant the use of this medication. In addition, the documentation provided lacks the frequency of the requested medication. Therefore, the request is non-certified.