

<b>Case Number:</b>	CM14-0113544		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/05/2007
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 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 patient is a 31-year-old male who has submitted a claim for motorcycle accident with traumatic brain injury, brachioplexopathy with non-functional left upper extremity with paralysis, chronic pain syndrome, thoracic compression fracture with chronic thoracic pain, diabetes, obesity, history of carpal tunnel surgery, and right third digit trigger finger associated with an industrial injury date of May 5, 2007. Medical records from 2012-2014 were reviewed. The patient complained of nonfunctional left upper extremity and low back pain in the midthoracic area. The pain was non-radiating. Physical examination showed tenderness on the lumbar and thoracic paraspinals, more on the right. There was 3/5 motor strength on the left upper extremity. There was mild impingement sign on the left shoulder. A wrist brace was present on the left upper extremity. CT of the thoracic spine, dated November 11, 2009, revealed status post T1-T7 posterior spinal fusion due to T3-T4 spinal fractures, and right anterior T10-T11 and T11-T12 bony osteophytosis. Lumbar MRI, dated November 11, 2009, showed L4-L5 and L5-S1 focal disc protrusion impressing upon the anterior portion of the thecal sac, and mild more than right neural foraminal stenosis. EMG/NCS of the upper extremities, dated February 6, 2012, showed severe left brachial plexus injury affecting left C5, C6, C7, and C8/T1. Treatment to date has included medications, physical therapy, electrical stimulation, hot/cold packs, massage, pool therapy, home exercise program, activity modification, thoracic spine fusion, and subclavian artery repair. Utilization review, dated June 20, 2014, denied the request for unknown prescription of Duexis because it is less effective than an alternative NSAID and is not recommended as first-line treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis (unspecified quantity):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Duexis

**Decision rationale:** Duexis is a combination of famotidine and ibuprofen. Pages 67 to 68 of the CA MTUS Chronic Pain Guidelines state that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing, thus, it is only indicated for short-term use. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, the patient has been on NSAID medication (Celebrex) since December 2013. Long-term use of NSAID is not recommended. Progress report dated June 12, 2014 state that the patient was prescribed Duexis because the carrier was not keen of the use of Celebrex. Guidelines state there is inconsistent evidence for its use for neuropathic pain. There was no mention regarding the use of alternate first-line NSAID medications. The medical necessity has not been established. Furthermore, the present request failed to specify the dosage and quantity to be dispensed. Therefore, the request Duexis (unspecified quantity) is not medically necessary.