

Case Number:	CM14-0135942		
Date Assigned:	09/03/2014	Date of Injury:	08/04/2012
Decision Date:	10/10/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/23/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 52 year old female who had a work related injuries on 08/04/12. She slipped on tomato juice and fell backwards and she pulled her hand to swing backward and fell on her face and hurt her chest and face at work. She was seen in emergency room with x-rays and referred to occupational health facility. She was treated with medication, physical therapy, and work restrictions. She underwent right shoulder arthroscopy with decompression on 12/04/12. Post-operative physical therapy for 12 visits. She had cervical spine MRI on 12/03/12, EMG on 01/23/13 12 sessions of physical therapy attended from 01/10-02/22/13 and additional 12 sessions authorized unknown of completed. Arthrogram approved on 03/18/13 could not complete due to pain. 14 sessions of acupuncture, approved TENS unit trial authorized on medication. Most recent clinical documentation submitted for review was dated 07/18/14. Physical examination revealed cervical spine full range of motion. Strength normal 5/5. Spurling test negative. Patient had tenderness in both shoulders. Diagnosis, status post work related injuries 2012 and right shoulder arthroscopy rotator cuff repair with residual pain. Left shoulder impingement syndrome chronic neck pain. Prior utilization review on 08/06/14 was non-certified. Current request was for Duexis 800mg/26.6mg TID for 90 pills with one refill. Review of clinical records reveal no clinical documentation of GI problem or at risk of developing them.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800 mg/26.6 mg tid for 90 pills with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, NSAIDs, specific drug list & adverse effects, Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines - online version Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Proton pump inhibitors (PPIs)

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for this medication cannot be established as medically necessary. Review of clinical records reveal no clinical documentation of GI problem or at risk of developing them. The use of Pepcid is not medically necessary.