

Case Number:	CM14-0137150		
Date Assigned:	09/05/2014	Date of Injury:	02/04/2013
Decision Date:	09/25/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/25/2014

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 Orthopedic Surgery 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 64-year-old male sustained an industrial injury on 2/4/13. The mechanism of injury was not documented. He was diagnosed with a left distal clavicle fracture. He underwent left shoulder arthroscopic rotator cuff repair with subacromial decompression, distal clavicle excision, and debridement of labral and subscapularis tears on 2/26/14. The 7/10/14 treating physician report cited pain localized to the neck and radiating down the arm. The patient had a distal clavicle fracture that was surgically repaired. Pain was 8/10, better with rest and worse with movement. There were occasional spasms. Physical exam documented paraspinal tenderness to palpation, painful extension and rotation, and flexion non-tender. Reflexes were mildly decreased, upper extremity sensation changes were present, and functional bilateral upper extremity strength was 3/5 in all planes of motion. The diagnosis included cervicalgia from multifactorial chronic etiologies with features of radiculopathy, thoracic pain, left shoulder pain. The treatment plan recommended compounded pain cream, Duexis 800/22.6 mg one every 8 hours, and MRI. The 8/5/14 utilization review denied the request for Duexis as there was no documentation of first line medication failure prior to use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duxeis 800/26.6mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI symptoms and cardiovascular risk Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Duexis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Duexis® (ibuprofen & famotidine).

Decision rationale: The California MTUS guidelines do not provide recommendations for Duexis. The Official Disability Guidelines state that Duexis is not recommended as a first line drug. This medication is indicated for rheumatoid arthritis and osteoarthritis. Guidelines state that with less benefit and higher cost, it would be difficult justifying using Duexis as a first line therapy. Guideline criteria have not been met. There is no evidence that this patient is at risk for gastrointestinal events or has a history of gastrointestinal disease. There is no evidence that the patient has failed first line therapy with a non-steroidal anti-inflammatory drug and proton pump inhibitor. Therefore, this request is not medically necessary.