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| Case Number: | CM14-0139090 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 10/29/2009 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 08/18/2014 |
| Priority: | Standard | Application Received: | 08/27/2014 |

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 Family Medicine and is licensed to practice in Utah. 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 63 year-old female. The patient's date of injury is 10/29/2009. The mechanism of injury was described as a slip and fall while walking down stairs. The patient has been diagnosed with Lumbago, sprain of the lumbar region, cervical spondylosis and difficulty in walking. The patient's treatments have included injections, physical therapy, imaging studies, chiropractic treatments and medications. The physical exam findings dated July 21, 2014 showed the right knee with tenderness medially, with no effusion or crepitus. The knee was noted to be stable on Valgus and Varus. The patient's medications have included, but are not limited to, injections. The request is for Duexis. It is unclear if the patient has been taking this medication, and what the outcome of taking this medication, if any.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg, qty 60: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDS - Duexis.

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Duexis. Guidelines state the following: This is not recommended as a first line medication. The clinical records lack documentation that the patient has tried and failed other first line pain medications. According to the clinical documentation provided and current guidelines, Duexis is not indicated as a medical necessity to the patient at this time.