MAXIMUS Federal Services

Case Number:	CM14-0157194		
Date Assigned:	09/30/2014	Date of Injury:	06/05/2010
Decision Date:	10/31/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 57-year-old female who reported a work related injury on 06/05/2010 due to transferring a resident. The injured worker's diagnoses consist of lumbago and neuralgia/neuritis nonspecified, tibialis tendinitis and abnormal gait. The injured worker's past treatment has included selective nerve root blocks, trigger point injections, pool therapy, modified activity, medication management, and diagnostics. Upon examination on 09/04/2014 the injured worker complained right foot pain that had stayed the same. The injured worker also reported the following factors related to her symptoms; the injured worker has finished physical therapy and had some improvement in her pain from a 6/10 to 5/10 but still the pain on the outside of the ankle and will have more pain if she does not wear the brace. On physical examination, it was noted that the injured worker had moderate edema over the lateral ankle. There was minimal edema over the medial ankle. Examination of the lateral leg revealed peroneal muscles are tender to palpation posterior to the fibular and the injured worker has pain with resisted eversion. The injured worker's prescribed medications include Norco, Celebrex, and Duexis. The treatment plan consisted of switching the injured worker from Celebrex to Duexis. The rationale for the request is pain. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy Purchase of Duexis 800-26.6 MG #90 with 2 Refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: A request for Duexis is not medically necessary. The Official Disability Guidelines state Duexis is not recommended as a first line drug. Duexis is a combination of ibuprofen and famotidine, indicated for rheumatoid arthritis and osteoarthritis. Ibuprofen and famotidine are also available in multiple strengths over the counter, common other strategies are recommended to prevent stomach ulcers in patients taking NSAIDS. With less benefit and higher cost, Duexis as a first line therapy is not justified. In regards to the injured worker, documentation provided for review shows that the Duexis is combined with opioids. Response was not documented sufficiently in regards to Duexis. Additionally, there was no indication for the use of a proton pump inhibitor. As such, the request for Duexis is not medically necessary.