

<b>Case Number:</b>	CM14-0170419		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 56 year old female with date of injury 10/13/2010. The mechanism of injury is not stated in the available medical records. The patient has complained of left Achilles pain and tightness since the date of injury. She has been treated with a right first tarsometatarsal joint revision arthrodesis in 02/2014, physical therapy and medications. There are no radiographic data included for review. Objective: left Achilles tendon: tenderness to palpation and effusion, decreased range of motion of the left ankle. Diagnoses: Achilles bursitis, tendonitis. Treatment plan and request: Duexis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800/26.6mg Quantity: 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC pain procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** This 56 year old female has complained of left Achilles pain and tightness since date of injury 10/13/2010. She has been treated with a right first tarsometatarsal joint revision arthrodesis in 02/2014, physical therapy and medications to include NSAIDS since at

least 05/2014. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least a 4 month period for bursitis and tendinitis. There is no documentation in the available medical records discussing the diagnosis of joint pain nor is there rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Duexis is not indicated as medically necessary in this patient.