

Case Number:	CM14-0182212		
Date Assigned:	11/07/2014	Date of Injury:	04/01/2008
Decision Date:	12/12/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/03/2014

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 Hand Surgery, > and is licensed to practice in Texas & Georgia. 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 61-year-old male who reported an injury due to repetitive standing and lifting on 04/01/2008. On 06/15/2014, his diagnoses included postoperative wrist/bone graft hip, tendonitis, and "carpal tunnel". His complaints included pain to the left arm, wrist, and hip, rated 5/10. It was noted that he was taking no medications. On 07/09/2014, it was noted that he was feeling good with some occasional pain. On 10/01/2014, it was noted that the iliac crest bone graft of 01/2014 was healing based on x-ray evidence. He was experiencing occasional pain to his left wrist and forearm. There was no record of any medications being taken. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain/Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The request for Duexis 800/26.6 mg #90 is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest

period of time in patients with moderate to severe osteoarthritis pain. Ibuprofen is recommended for osteoarthritis, rheumatoid arthritis, and off label for ankylosing spondylitis. Doses greater than 400 mg have not provided greater pain relief. Duexis is a medication which combines ibuprofen and famotidine, which can be purchased over the counter as Pepcid. It was documented that this injured worker was not taking any medications. He reported feeling "good" and there was no evidence peptic ulcer disease or gastroesophageal reflux disease. The need for this medication was not clearly demonstrated in the submitted documentation. Therefore, this request for Duexis 800/26.6 mg #90 is not medically necessary.