

Case Number:	CM14-0031788		
Date Assigned:	06/20/2014	Date of Injury:	02/11/2013
Decision Date:	07/22/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/13/2014

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 and Rehabilitation, and is licensed to practice in Texas. 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 54 year old female who sustained an injury on 02/11/13. There was no specific mechanism of injury. Rather, this was a cumulative trauma injury. The injured worker developed complaints of bilateral carpal tunnel syndrome. The injured worker is noted to have had 2 prior carpal tunnel releases with the right performed in May of 2013 followed by the left in March of 2014. The injured worker has had an extensive amount of both pre and postoperative physical therapy. The injured worker was being followed by a treating physician for postoperative symptoms regarding the right upper extremity and worsening left carpal tunnel syndrome of the left upper extremity. The clinical report on 02/24/14 noted that the injured worker had continuing difficulty picking up objects with the left hand. Physical examination noted obvious swelling of the left volar distal forearm with positive Tinel's and Phalen's signs. The injured worker was scheduled for the left carpal tunnel release at this evaluation. The requested Duexis 800mg, quantity 90 with 3 refills was denied by utilization review on 03/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800 (26.6) #90 with 3 refills QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: In regards to the request for Duexis 800/26.6mg, quantity 90 with 3 refills, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guidelines. Duexis is a combination medication that includes a proton pump inhibitor as well as an anti-inflammatory. There is no indication from the clinical reports that the injured worker was unable to tolerate standard oral anti-inflammatories in combination with a separate proton pump inhibitor. Given the added expense of Duexis in comparison to standard oral separate proton pump inhibitors and anti-inflammatories, this reviewer would not have recommended this request as medically necessary. The request for Duexis 800 (26.6) #90 with 3 Refills, Quantity: 1 is not medically necessary and appropriate.