

Case Number:	CM14-0033087		
Date Assigned:	06/20/2014	Date of Injury:	06/12/2013
Decision Date:	07/18/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 43 year old who was injured on 6/12/2013. The diagnoses are right shoulder pain, and left ankle pain. The past surgical history is significant for right shoulder decompression surgery in 2013 and left ankle surgery. The patient completed PT and is currently doing home exercise program. On 2/25/2014, [REDACTED] noted that the shoulder pain was decreasing. The patient was status post shoulder surgery. The range of motion was decreased but had improved from pre-surgery state. The medication was listed as Duexis for pain. It was noted that the patient could not tolerate oral ibuprofen but can tolerate combination formulation of Duexis. A Utilization Review determination was rendered on 3/10/2014 recommending non certification for Duexis 800/26.6mg bid #80.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (Pain Chapter); FDA Duexis.

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

Decision rationale: According to the Official Disability Guidelines (ODG), the chronic use of NSAIDs can lead to cardiovascular, renal and gastrointestinal complications. [REDACTED] documented that the patient could not tolerate Ibuprofen or any NSAID without concomitant use of gastrointestinal protective product. The patient had reported significant decrease in pain and increase in range of motion without gastrointestinal side effects with the use of Duexis. The criteria for the use of Duexis 800/26.6mg bid #80 were met. Therefore, the request for Duexis is medically necessary and appropriate.