

Case Number:	CM14-0048742		
Date Assigned:	06/25/2014	Date of Injury:	09/12/2012
Decision Date:	07/23/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/27/2014

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 Family Practice, and is licensed to practice in California. 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 23-year-old who sustained a fall on September 12, 2012 resulting in multiple injuries including rib fractures, left distal radial fracture, facial contusions and a small pneumothorax . He underwent open reduction and fixation of his left radius. He developed chronic left wrist pain and had been treated with lidocaine injections. An MRI of the wrist in February 2013 indicated he had a pronounced ulnar extension. A CT of the wrist revealed no cortical defect. A progress note on March 6, 2014 indicated he had 5/10 pain in the left wrist and 6/10 pain in the chest. He was given samples of Duexis for pain and inflammation along with Tylenol ES.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Duexis #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, PPI Page(s): 67-69.

Decision rationale: Duexis contains (Ibuprofen and Famotidine). Ibuprofen is an NSAID and Famotidine is an H2 blocker used for Gastric reflux. According to the MTUS guidelines, proton

pump inhibitors not H2 blockers are recommended in high risk GI patients taking NSAIDS. In addition, there is no evidence that NSAID is superior to Tylenol for wrist pain. In this case, the claimant was given both Tylenol along with Duexis. The Famotidine was not indicated since there is no documentation of gastrointestinal complaints or gastric bleeding. The request for one prescription of Duexis, ninety count, is not medically necessary or appropriate.