

Case Number:	CM14-0073011		
Date Assigned:	07/16/2014	Date of Injury:	09/22/1993
Decision Date:	09/09/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/20/2014

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 61 year old male with date of injury 9/22/1993. The mechanism of injury is stated as overuse. The patient has complained of right wrist pain since the date of injury. He is status post right wrist surgery (scaphoid-trapezium-trapezoid arthroplasty and fusion). He has also been treated with physical therapy and medications. CT of the right wrist performed in 03/2007 revealed post-surgical changes, posterior proximal capitate osteophyte and widening of the dorsal radial scaphoid joint. The objective findings include decreased and painful range of motion of the right wrist. The diagnoses are status post right wrist joint fusion, right wrist sprain. The treatment plan and request includes Duexis (Ibuprofen/ Famotidine).

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 three fills for chronic right wrist pain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 61 year old male has complained of right wrist pain since date of injury 9/22/1993. He has been treated with right wrist surgery, physical therapy and medications to

include NSAIDS since at least 04/2013. The current request is for Duexis (Ibuprofen/Famotidine). 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 12 month period for right wrist pain. There is no documentation in the available medical records discussing the 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 for this patient.