

Case Number:	CM14-0081214		
Date Assigned:	07/18/2014	Date of Injury:	03/31/2009
Decision Date:	08/26/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/02/2014

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, has a subspecialty in Interventional Spine 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 55-year-old female with an injury date on 03/31/2009. Based on the 05/06/2014 progress report provided by [REDACTED], the diagnoses are: 1. Wrist tendinosis. 2. De Quatrain's. According to this report, the patient complains of right hand and wrist pain. Wrist range of motion is slightly decreased. Positive Finkelstein's test and swelling was noted at the right wrist. The provider states there were no change in the patient's pain and symptoms since the last visit on 03/08/2014. The patient is currently not on any medications. On the 03/08/2014 report, per provider, MRI of the right wrist on 11/03/2012 reveals no significant change. [REDACTED] is requesting Duexis 800mg-26.6 mg #60. There were no other significant findings noted on this report. The utilization review denied the request on 05/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/02/2014 to 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg-26.6mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines)http://www.dir.ca.gov/t8/ch4_5sb1sa5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69

Decision rationale: According to the 05/06/2014 report by [REDACTED] the patient presents with right hand and wrist pain. The physician is requesting Duexis 800mg-26.6 mg #60. The MTUS and ACOEM Guidelines do not address Duexis; however, ODG Guidelines states Not recommended as a first-line drug. [REDACTED] recently announced the launch of Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. MTUS also does not recommend routine use of PPIs for prophylactic use without a proper GI risk assessment. Review of the reports do not show GI risk assessment. Therefore, Duexis 800mg-26.6mg #60 is not medically necessary.