

Case Number:	CM14-0084125		
Date Assigned:	07/21/2014	Date of Injury:	03/17/1956
Decision Date:	08/27/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 injured worker is a 58 year-old female who had a work related injury on 01/07/2010. This was a cumulative trauma injury from keyboarding, resulting in injury to her neck, right shoulder, and bilateral upper extremities. Treatment included translaminal cervical injection at C7-T1, right shoulder arthroscopy on 11/12/2013, physical therapy, anti-inflammatory medication, anticonvulsants, and pain medications. The injured worker developed gastrointestinal problems secondary to chronic medication use. Most recent progress note was dated 02/20/2014. The primary treating physician noted that the post-operative physical therapy ended and she complained that her neck still bothered her a lot. Progress note from orthopedic surgeon dated 02/20/2014, the injured worker presented for a follow up and complained of mild pain, some progress in physical therapy, and has been doing exercises on her own. She was advised to continue therapy and anti-inflammatory medication as needed and then follow up in six weeks. Prior utilization review dated 05/06/2014 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis quantity #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 64, 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, NSAIDs.

Decision rationale: The clinical documentation submitted for review as well as evidence based guidelines, do not support the request. Duexis is ibuprofen and pepcid. The rationale for providing this combination of ibuprofen 800mg and pepsid while on nexium is not evident or provided. The request for duexis quantity #90 is not medically necessary.