

Case Number:	CM14-0188768		
Date Assigned:	11/19/2014	Date of Injury:	09/04/2001
Decision Date:	01/07/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/12/2014

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 Medicine and is licensed to practice in New Jersey. 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 worker is a 64 year old female who was injured on 9/4/2001. She was diagnosed with closed fracture of the left lower forearm and carpal sprain. She was also diagnosed with hand osteoarthritis, joint pain (hand), and joint pain (forearm). She was treated with steroid injection, medication (including anti-inflammatories), splints, and physical therapy. MRI of the left wrist from 7/18/14 revealed torn triangle fibrocartilage, Colles' fracture incompletely healed, and no communication with the mid-carpal joint. Left wrist arthrogram from the same day also showed fibrocartilage tear and the Colles' fracture. On 9/30/14, the worker was seen by her treating physician for a follow-up reporting benefit from a previous cortisone injection to her left wrist, but with continual severe and worsening left ulnar wrist pain, aggravated by heavy strenuous use of her left hand. Physical findings revealed tenderness of the ulnar fovea, pain with axial compression and radial and ulnar deviation of the left wrist. She was recommended to continue her medication and splint and get a formal MRI completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. The MTUS Guidelines also state that to warrant using a proton pump inhibitor (PPI) or H-2 blocker in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was insufficient review on how Duexis was used and what the measurable functional benefit and side effects were as this was not documented in the progress notes provided for review. As the worker was diagnosed with osteoarthritis, there may have been consideration to use this medication chronically in spite of its potential side effects. However, the choice to use Duexis, a combination product which included an H-2 blocker, as opposed to ibuprofen by itself or with separate use of famotidine is not justified as there is no evidence to suggest Duexis is more effective than the two medications used separately. Therefore, considering all of the above, the Duexis is not medically necessary to continue.