

Case Number:	CM14-0206758		
Date Assigned:	01/30/2015	Date of Injury:	09/25/2013
Decision Date:	04/14/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old male who reported an injury on 09/25/2013 due to a trailer flipping over and falling onto the left side, shattering his window and causing lacerations to the left elbow and an onset of neck pain, shoulder pain, and wrist, knee, pelvis, and low back pain. On 10/09/2014, he reported pain in the neck rated at a 5/10, shoulder pain rated at a 7/10 to 8/10 in the left and a 9/10 to 10/10 in the right, left elbow pain rated at a 9/10, left wrist and hand pain rated at an 8/10 to 9/10, low back pain rated at an 8/10 to 9/10, bilateral hip pain rated at an 8/10, and left knee pain rated at a 7/10. His medications included divalproex, fluoxetine, mirtazapine, and risperidone. He was also noted to be taking ibuprofen 800 mg, but stated that he was not taking it because it did not help relieve his pain. A physical examination of the cervical spine showed tenderness in the paravertebral musculature, sternocleidomastoid, and trapezius. Range of motion was noted to be decreased and strength was 5/5. Examination of the shoulders showed tenderness in the subacromial, acromioclavicular, and anterior capsule with decreased range of motion and a positive crepitus in the right shoulder. Motor strength was 5/5 throughout bilaterally. Examination of the thoracolumbar spine showed tenderness in the lumbar paravertebral musculature and sciatic notches with decreased range of motion and 5/5 strength bilaterally. He was diagnosed with cervical degenerative disc disease, cervical spondylosis, cervical myofascial sprain and strain, shoulder arthritis, shoulder acromioclavicular joint arthritis, shoulder impingement bursitis, osteoarthritis of the elbow, sprain and strain of unspecified site of the elbow, elbow contusion, cubital tunnel syndrome, and osteoarthritis of the

forearm and wrist. The treatment plan was for Duexis tablets 800-36.6. The rationale for treatment was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis Tab 800-36.6: 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): 67-69.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short-term treatment of low back pain and osteoarthritis and tendonitis. There should be documentation of a quantitative decrease in pain and an objective improvement in function with use. The documentation provided does not show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, the quantity and frequency of the medication being requested was not stated. Without this information, the request would not be supported. As such, the request is not medically necessary.