

Case Number:	CM15-0189032		
Date Assigned:	10/01/2015	Date of Injury:	12/19/2011
Decision Date:	11/10/2015	UR Denial Date:	09/06/2015
Priority:	Standard	Application Received:	09/25/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 48 year old female, who sustained an industrial injury on 12-19-2011. The injured worker is undergoing treatment for shoulder pain, wrist pain and carpal tunnel syndrome. Medical records dated 8-31-2015 indicate the injured worker complains of bilateral shoulder and wrist-hand pain. Pain is rated 7 out of 10 and 6 out of 10 at best with medication and 10 out of 10 without medication. Average pain is 8 out of 10. The treating physician indicates her activity level has decreased and she trialed Duexis and reports, "the medication was very helpful and she notes she did not experience the stomach pains that she has previously with the ibuprofen." Physical exam dated 8-31-2015 notes cervical decreased range of motion (ROM), right shoulder decreased range of motion (ROM), positive Hawkin's and Neer's test and tenderness to palpation. The right hand has positive Finkelstein's test. Treatment to date has included surgery, acupuncture, chiropractic treatment, Transcutaneous Electrical Nerve Stimulation (TENS) unit, physical therapy, electromyogram-nerve conduction study, Gabapentin, ibuprofen, Norco, Voltaren gel, Ambien and ice. The original utilization review dated 9-6-2015 indicates the request for Duexis 800-26.6mg #60 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Duexis #60 is not medically necessary. Duexis is a non-steroidal anti-inflammatory combination medication with an H-2 blocker for GERD. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time he has been on oral anti-inflammatories. Additionally, there is lack of documentation of a true workup for GERD (gastrointestinal esophageal reflux disease). Finally, a diagnosis of osteoarthritis has not been documented in the medical records. The medication is therefore not medically necessary.