

<b>Case Number:</b>	CM15-0042994		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	06/01/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 57 year old female, who sustained an industrial injury on June 1, 2013. She reported left shoulder pain. The injured worker was diagnosed as having left shoulder bursitis. Treatment to date has included radiographic imaging, diagnostic studies, pain injections, medications and work restrictions. Currently, the injured worker complains of left shoulder pain. The injured worker reported an industrial injury in 2013, resulting in left shoulder pain. It was noted pain injections to the shoulder were not beneficial. Evaluation on December 8, 2014, revealed continued pain. It was noted she was not interested in surgical intervention at this time. It was also noted in the provided documents that the injured worker had a history of gastrointestinal upset. A combination of a non-steroidal anti-inflammatory agent with an agent to protect the stomach was ordered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800-26.6mg QTY: 60.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; GI protection Page(s): 68-69.

**Decision rationale:** Duexis has Ibuopen and an H2 blocker which, like a PPI, can be utilized to treat dyspepsia secondary to NSAID therapy. MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." MTUS also states that, "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, treatment of dyspepsia secondary to NSAID therapy or other GI risk factors as outlined in MTUS. As such, the request for Duexis 800-26.6mg QTY: 60.00 is not medically necessary.