

Case Number:	CM15-0086537		
Date Assigned:	05/08/2015	Date of Injury:	05/10/2010
Decision Date:	06/16/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/05/2015

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: Texas, Florida

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 62 year old female, who sustained an industrial injury on 05/10/2010. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having cervical myofascial pain disorder, repetitive strain injury to upper extremities and carpal tunnel syndrome. Treatment and diagnostics to date has included medications. In a progress note dated 04/21/2015, the injured worker presented with complaints of constant pain to upper extremities and insomnia. Objective findings include full range of motion to cervical spine. The treating physician reported requesting authorization for Duexis. The handwritten if partially legible and did not include other details.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg quantity 90 with one refill: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the short term treatment of exacerbation of musculoskeletal pain. The chronic treatment with NSAIDs can be associated with the development of renal, cardiac and gastrointestinal complications. The Duexis medication contains ibuprofen and Pepcid. The records did not indicate a past history of significant NSAIDs related gastrointestinal disease. There was no documentation of failed treatment with standard formulations of separate NSAIDs and proton pump inhibitor medications. The criteria for the use of Duexis 800/26.6mg #90 with 1 refill was not met. Therefore, the requested treatment is not medically necessary.