

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0118133 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 07/27/2009 |
| <b>Decision Date:</b> | 10/10/2014   | <b>UR Denial Date:</b>       | 07/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/28/2014 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 44-year-old man reportedly injured on July 27, 2009. The mechanism of injury is noted as lifting a large floormat. The most recent progress note, dated July 7, 2014, indicates that there are ongoing complaints of low back pain and bilateral leg pain. Current medications include cyclobenzaprine, Lorzone, Lyrica, Prilosec, and Tramadol. No focused physical examination was performed. Diagnostic imaging studies of the lumbar spine show mild degenerative changes with mild bilateral neural foraminal stenosis at L5 - S1. Previous treatment includes physical therapy, activity modification, epidural steroid injections, medial branch blocks, and oral medications. A request had been made for Duexis and was not medically necessary in the pre-authorization process on July 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800/26.6 mg # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory, NSAIDs Page(s): 22, 67. Decision based on Non-MTUS Citation Compounded Medications

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a687011.html>

**Decision rationale:** Duexis is the combination medication of Ibuprofen and Famotidine. A review of the attached medical record indicates that the injured employee has been using ibuprofen as well as Prilosec in combination with other medications. There is no documentation that these medications are not beneficial. Considering this, it is unclear why there is request for Duexis. As such, this request for Duexis is not medically necessary.