

<b>Case Number:</b>	CM14-0128040		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Emergency Medicine and is licensed to practice in California. 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 injured worker is a 43-year-old male who reported an injury on 10/02/2013. The mechanism of injury reportedly was when he was "pushing in order to fold a tortilla and he felt a pop in the left thumb." His diagnoses were noted to include intersection syndrome. Past treatments were noted to include physical therapy, a Splica splint, and medications. On 06/18/2014, it was noted the injured worker had constant pain to his left hand that radiated to the left shoulder. Upon physical examination, it was noted he had limited range of motion to his left wrist. His medications were noted to include Duexis, Tylenol, Advil, and Ibuprofen. The treatment plan was noted to include medications and activity modifications. A request was received for Duexis 800mg po bid #90 with 3 refills without a rationale. The Request for Authorization was not provided

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800mg po bid #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Criteria for Use; NSAIDs, GI Symptoms & Amp; Cardiovascu.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duexis (Ibuprofen & Famotidine).

**Decision rationale:** The request for Duexis 800mg po bid #90 with 3 refills is not medically necessary. According to the Official Disability Guidelines, Duexis is not recommended as a first line pain modality and is indicated for rheumatoid arthritis and osteoarthritis. It was noted in the clinical documentation this injured worker had used Tylenol, Advil, and Ibuprofen; however, it was not indicated that these medications did not provide pain relief. The clinical documentation also did not note the efficacy of the Duexis. Furthermore, this injured worker was not diagnosed with rheumatoid arthritis and osteoarthritis, for which this medication is recommended. In the absence of the requested medication's efficacy in providing pain relief, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration of use. As such, the request for Duexis 800mg po bid #90 with 3 refills is not medically necessary.