

Case Number:	CM14-0145746		
Date Assigned:	09/12/2014	Date of Injury:	01/16/2004
Decision Date:	10/24/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/08/2014

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 Internal 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 64 year old male who is reported to have sustained work related injury sensor 1/16/04. The record provides multiple different accounts of the mechanism of injury. There was initial reports he was turning valves when he sustained an injury to the right shoulder, later reported neck pain with radiation into the right hand, and later had complaints of low back pain and bilateral knee pain. The record indicates that the injured worker has been treated with physical therapy and oral medications. Imaging studies have identified the presence of osteoarthritis. The records indicate that the injured worker has been maintained on Duexis with benefit. The record contains a utilization review determination dated 08/18/14 in which a request for Duexis #60 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Duexis #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation State Fund MPN

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines nonsteroidal anti-inflammatory drugs (NSAIDs), Page(s): 67-73.

Decision rationale: The request for the prescription of Duexis #60 is recommended as medically necessary. The submitted clinical records indicate that the injured worker's been identified as having osteoarthritis in both the cervical lumbar spines for which his medication would be clinically indicated. Given the current custody of the condition and a past history of being prescribed a Proton Pump Inhibitor the request for the combination medication Duexis is medically necessary and appropriate.