

<b>Case Number:</b>	CM14-0157883		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	11/01/2007
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 1, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; long and short acting opioids; earlier knee arthroscopy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 18, 2014, the claims administrator failed to approve request for Duexis. The applicant's attorney subsequently appealed. In a progress note dated September 9, 2014, the applicant reported 4/10 pain without medications and 8/10 pain with medications. Celebrex is providing only 10% pain relief. The applicant was also reporting issues with GI upset with the same, it was suggested in another section of the report. Duexis was therefore introduced.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, H2 antagonist such as famotidine are recommended in the treatment of NSAID-induced dyspepsia, as is seemingly present here. The applicant has apparently had issues with stomach upset and dyspepsia with nonselective NSAIDs and even with COX2 inhibitors such as Celebrex. Introduction of an NSAID-H2 antagonist amalgam, Duexis, was therefore indicated. Accordingly, the request was medically necessary.