

Case Number:	CM14-0160714		
Date Assigned:	10/06/2014	Date of Injury:	05/25/2011
Decision Date:	10/30/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/30/2014

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:

This patient is a 55 years old male who developed right shoulder and low back problems secondary to a trip and fall on 5/21/11. He has been diagnosed with a right shoulder full thickness rotator cuff tear with associated labral tear. He also has a clinical radiculitis with an L5 nerve root impingement on MRI studies. He is currently treated conservatively with Norco once a day. No GI issues are documented and there is no documented medical rationale for the use of Duexis vs. recommended alternatives.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis: 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 Chronic updated 07/10/2014 Duexis

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's and GI risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duexis

Decision rationale: MTUS Guidelines supports the use of gastro-protective agents with NSAID's if there are specific risk factors present. No risk factors are documented in the records

reviewed. If risk factors are present, MTUS Guidelines recommend the use of proton pump inhibitors in addition the NSAID. Duexis is a combination Ibuprofen and an H2 inhibitor. ODG Guidelines directly address the use of Duexis and it is not recommended as a first line drug. ODG points out that the ingredients are readily available over the counter in various strengths and the Guidelines state that routine use is not recommended. There are no unusual circumstances to justify an exception to Guidelines. The Duexis is not medically necessary.