

<b>Case Number:</b>	CM15-0110810		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	11/14/2014
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

### 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 53 year old female who sustained an industrial injury on November 14, 2014. She has reported severe burning pain to the upper and lower back with radiating pain to the right lower extremity and has been diagnosed with cervical stenosis cervix algia. Treatment has consisted of medical imaging, injections, medications, modified work duty, and physical therapy. Physical examination noted a tender Spurling's test with decreased cervical range of motion. The treatment request included Duexis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800/2.6 Qty 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Duexis (ibuprofen & famotidine).

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

**Decision rationale:** The requested Duexis 800/2.6 Qty 60, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines (ODG) - Pain (chronic), Medications - compounded, do not recommend compounded medications as there is no clear evidence "about whether compounding medications are more efficacious than the single medication." The injured worker has severe burning pain to the upper and lower back with radiating pain to the right lower extremity and has been diagnosed with cervical stenosis cervicalgia. Treatment has consisted of medical imaging, injections, medications, modified work duty, and physical therapy. Physical examination noted a tender Spurling's test with decreased cervical range of motion. The treating physician has not documented the medical necessity for compounded medications over single medications, nor failed trials of the constituent ingredient single medications. The criteria noted above not having been met, Duexis 800/2.6 Qty 60, is not medically necessary.