

<b>Case Number:</b>	CM15-0126127		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	03/10/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 45 year old male, who sustained an industrial injury on March 10, 2013. He reported right ankle pain and swelling. The injured worker was diagnosed as having ankle sprain. Treatment to date has included physical therapy with, anti-inflammatory medications, an ankle brace and work modifications. Currently, the injured worker complains of continued right ankle pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on January 21, 2015, revealed continued pain as noted. Duexis was continued. Evaluation on March 19, 2015, revealed continued right ankle pain. Duexis was continued. Evaluation on April 21, 2015, revealed continued right ankle pain. Duexis and Vicodin were continued. Evaluation on June 10, 2015, revealed continued complaints of right ankle pain previously injured while working as a security officer. He reported frustration secondary to the slow improvement and minimal benefit with physical therapy and medications. There were no pain ratings to compare from one visit to the next however he noted frustration and continued pain frequently. No mechanism of injury was included in the documentation. Duexis 800 mg, 30 day supply was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800 mg, 30 day supply:** 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 - Compound drugs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain; Duexis.

**Decision rationale:** The California (CA) MTUS Guidelines are silent on the issue. According to the Official Disability Guidelines (ODG), the use of a non-steroidal anti-inflammatory with a proton pump inhibitor for individuals at high risk for developing gastrointestinal problems secondary to medication use is recommended as a first-line defense before a combination drug like Duexis. Duexis is a combination drug that includes an NSAID and a histamine 2 receptor blocker. There were no gastrointestinal complaints, diagnoses of gastrointestinal problems or risk factors increasing the need for Duexis in the documentation. For these reasons, Duexis 800mg, 30 day supply is not medically necessary.