

<b>Case Number:</b>	CM15-0066997		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	05/07/2002
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50-year-old female who sustained an industrial injury on 5/7/02. The injured worker was diagnosed as having status post lumbar fusion with subsequent hardware removal, lumbar discogenic disease, chronic low back pain, cervicogenic pain and cervical radiculopathy. Currently, the injured worker was with complaints of neck and lower back pain. Previous treatments included home exercise program, medication management and transcutaneous electrical nerve stimulation unit. Physical examination was notable for tenderness to palpation to the lumbar paraspinal musculature with radiation to the left leg. The plan of care was for medication prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-68, 72. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 03/23/15) - Online Version Duexis (ibuprofen & famotidine.)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and GI Symptoms Page(s): 68.

**Decision rationale:** MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. An initial physician review notes that the combined NSAID and gastro protective agent Duexis is not recommended as first-line therapy. However, office notes including those of 3/25/15 document that this patient has failed prior trials of other separate gastro protective agents and that Duexis has been effective for both pain and gastritis symptoms. In this situation, the guidelines support the requested treatment. This request is medically necessary.