

<b>Case Number:</b>	CM15-0075009		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	08/20/2014
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Preventive Medicine, Occupational 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 58-year-old male who sustained an industrial injury on 8/20/14. The injured worker reported symptoms in the left knee. The injured worker was diagnosed as having left knee medial and lateral meniscal tear, left knee chondromalacia and chronic left ankle sprain. Treatments to date have included topical gel, ankle stabilizer brace, physical therapy, heat/ice, and home exercise program. Currently, the injured worker complains of left knee pain. The plan of care was for medication prescriptions and a follow up appointment at a later date. He is reported to have hypertension, but no BP measures are documented by the physician prescribing NSAIDS. No GI distress or risk factors are documented. He is concurrently utilizing a topical NSAID.

### 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI distress Topical Analgesics Page(s): 68/111-113.

**Decision rationale:** MTUS Guidelines do not recommend the routine use of anti-secretory gastric drugs with NSAIDs unless there are specific GI risk factors which are not documented to be present. Guidelines also point out the risks associated with a diagnosis of hypertension and there is no apparent monitoring for these risks in this patient with a diagnosis of hypertension. In addition, the concurrent use of a topical and oral NSAID is not Guideline supported. Under these circumstances the use of Duexix (NSAID plus H2 blocker) is not supported by Guidelines and is not medically necessary. There are no unusual circumstances to justify an exception to Guidelines. The request is not medically necessary.