

<b>Case Number:</b>	CM15-0099084		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	11/10/2008
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 (IW) is a 56-year-old female who sustained an industrial injury on 11/10/2008. Diagnoses include cervical radiculopathy, post injury headaches aggravating pre-existing history of migraines, left shoulder tendinopathy, lumbar strain with L4-5 and L5-S1 facet arthropathy and persistent left knee arthropathy. Treatment to date has included medications and injections. According to the progress notes dated 3/26/15, the IW reported substantial pain in the left knee, left shoulder and jaw with associated headaches. On examination, there was decreased crepitation and tenderness about the left shoulder with improved range of motion following a joint injection the previous month. Additional hypertonia and tenderness was noted bilaterally in the paracervical region, the trapezius and the rhomboids. A request was made for Duexis 800/26.6mg, #90 with 3 refills for left knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800/26.6mg tid #90 with 3 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Famotidine - NSAIDs, GI symptoms & cardiovascular risk Ibuprofen. Decision based on Non-MTUS Citation Duexis (Ibuprofen and Famotidine) - Official Disability Guidelines (ODG), Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

**Decision rationale:** Duexis 800/26.6 mg #90 with 3 refills is not medically necessary. Duexis is a nonsteroidal anti-inflammatory combination medication with an H-2 blocker for GERD. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time he has been on oral anti-inflammatories. Additionally, there is lack of documentation of a true workup for GERD (gastrointestinal esophageal reflux disease). Finally, a diagnosis of osteoarthritis has not been documented in the medical records. The medication is not medically necessary.