

<b>Case Number:</b>	CM14-0144397		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 enrollee is a 24 year old male presenting with chronic pain following work related injury on 06/13/2013. The claimant sustained an L2 burst fracture and is status post multiple surgeries. The claimant reported low back pain and heart pounding. The claimant has tried physical therapy. The claimant's medications included Norco. The physical exam showed tenderness, spasm and trigger points as well as tenderness over the incision and clawing of toes 1-4 on the right. The claimant was diagnosed with L2 burst fracture and bilateral tibia/fibula fracture. A claim was placed for Duexis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800/26.6 QTY #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94 and 95. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation; Pain Chapter

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

**Decision rationale:** Duexis 800/26.6 #90 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 therefore not medically necessary.