

<b>Case Number:</b>	CM13-0010362		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 35-year-old female with a 1/19/12 date of injury. At the time of request for authorization for Duexis 800/26.6 #30 with 3 refills, there is documentation of subjective (low back and right shoulder pain) and objective (positive left straight leg raise, decreased right shoulder range of motion, and palpable tenderness over the bicep proximal tendon and supraspinatus) findings, current diagnoses (chronic low back pain and right shoulder pain), and treatment to date (medications (including Duexis since at least 8/11/12)). There is no documentation of signs and symptoms of rheumatoid arthritis or osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DUEXIS 800/26.6 #30 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS),. Decision based on Non-MTUS Citation [HTTP://WWW.WEBMD.COM/DRUGS/DRUG-157344-DUEXIS+ORAL.ASPX?DRUGID=157344&DRUGNAME=DUEXIS+ORAL](http://www.webmd.com/drugs/drug-157344-duexis+oral.aspx?drugid=157344&drugname=duexis+oral)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 67-69. Decision based on Non-

MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (CHRONIC), PROTON PUMP INHIBITORS (PPIs) and [HTTP://WWW.DRUGS.COM/DUEXIS.HTML](http://www.drugs.com/duexis.html).

**Decision rationale:** Duexis is a combination of the non-steroidal anti-inflammatory drug (NSAID) ibuprofen and the histamine H<sub>2</sub>-receptor antagonist famotidine, which is indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis. The Chronic Pain Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. In addition, the guidelines indicate that the risk for gastrointestinal event includes: age > 65 years; history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of proton pump inhibitors. Within the medical information available for review, there is documentation of the diagnoses of chronic low back pain and right shoulder pain. However, there is no documentation of signs and symptoms of rheumatoid arthritis or osteoarthritis. Therefore, based on guidelines and a review of the evidence, the request for Duexis 800/26.6 mg #30, with three (3) refills is not medically necessary.