

Case Number:	CM13-0013527		
Date Assigned:	11/06/2013	Date of Injury:	03/22/2012
Decision Date:	01/30/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 physician 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.

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 patient is a 55 year-old with a date of injury of 03/22/2013. The UR determination being challenged is dated 08/01/2013 and recommends denial of the prescription Duexis. Patient has a diagnosis of moderate supraspinatus tendinosis of the left shoulder. According to progress report dated 07/22/2013 by [REDACTED], patient complains of tenderness to the bicep and anterior rotator cuff. Physical examination shows decrease range of motion and tenderness to palpation over the anterior, middle and posterior aspects of the rotator. Surgical options were discussed and patient would like to continue with conservative treatment. Treater is requesting prescription for Duexis 800mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis Tab 800-26.6, 90 count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Worker's Compensation, 2013 web-based online edition, as well as the Chronic Pain Medical Treatment Guidelines, Online Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), GI (Gastrointestinal) Symptoms & Cardiovascular.

Decision rationale: The patient has a diagnosis of moderate supraspinatus tendinosis of the left shoulder. Treater is requesting Duexis 800/26.6. Duexis is a combination of ibuprofen 800mg and famotidine 26.6mg. In this case, ibuprofen may be indicated for patient's chronic pain and inflammation of the left shoulder as the Chronic Pain Medical Treatment Guidelines recommends NSAID as a first line of treatment for inflammation and pain. However, the second component of the medication, famotidine, is not indicated for this patient. The Chronic Pain Medical Treatment Guidelines states famotidine type of medications for controlling gastric acid production are recommended with precautions as indicated below for prophylactic treatment concurrent with NSAID use. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determining if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Of note, there are two reports dated after the UR denial dated 9/23/2013 and 10/31/2013 that both state "patient has esophageal and stomach pain as a result of taking ibuprofen." It appears that the treater provides documentation of GI irritation with use of Ibuprofen after this medication was denied through utilization review. For patients with intermediate risk for GI events, but no cardiovascular disease, a non-selective NSAID with either a PPI (proton pump inhibitor) or misoprostol is recommended. Famotidine is an H2 receptor antagonist and not a PPI. The request for Duexis Tab 800-26.6, 90 count, is not medically necessary or appropriate.