

<b>Case Number:</b>	CM13-0022125		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	10/09/2011
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Emergency Medicine and is licensed to practice in New York. 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 49-year-old female who was injured on October 9, 2011 (October 12, 2011 per patient, when she slipped off a stool while cleaning a large mirror. She extended her arms to break the fall. At the time of injury, she was experiencing pain in her right arm and abdomen. The patient continues to experience neck, right shoulder, and right wrist pain. Diagnoses included adhesive capsulitis, rotator cuff injury right shoulder, cervical spine strain/sprain, lumbosacral spine strain/sprain, and depression/anxiety. The patient underwent rotator cuff repair of the right shoulder on June 25, 2012 and shoulder manipulation under anesthesia on November 6, 2012. . Other treatments included acupuncture, physical therapy, analgesics, and muscle relaxants. Request for authorization for Duexis 800-26.6 mg #90 was submitted in August, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800-26.6mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68.

**Decision rationale:** Duexis is a combination medication containing ibuprofen and famotidine. Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment

Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be recorded. The medication was not prescribed as a short term medication. Famotidine is an antihistamine prescribed for protection for GI side effects. Chronic Pain Medical Treatment Guidelines do not comment on antihistamines. They lack information to allow determination for medical necessity and safety and cannot be recommended.