MAXIMUS Federal Services

Case Number:	CM13-0028351		
Date Assigned:	11/27/2013	Date of Injury:	03/04/2012
Decision Date:	01/22/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/23/2013

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 Anesthesiology has a subspecialty in Pain Management & Rehabilitation 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. 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 patient presents with neck and shoulder pain following a work-related injury on March 4, 2012. The patient complains of the inability to work secondary to dysfunction. The pain is localized to the right shoulder and aggravated with lifting, reaching back and brushing her hair. The pain is associated with numbness in the middle right finger. The patient is status post shoulder arthroscopy, SAD and labral repair on August 30, 2012. The operative report noted that the patient underwent arthroscopy extensive debridement of the glenohumeral humeral joint including the biceps labral complex, the under surface of the rotator cuff and localized synovitis, superior labral repair and subacromial decompression. Medical records noted that the MRI was significant for a tear. The physical exam was significant for posterior humeral glides, internal rotation of 4-5 with pain, external rotation is 3+ out of 5 with pain, flexion and abduction 3 out of 5, moderate tenderness to palpation, anterior greater than posterior right shoulder; median and radial nerve tension aggravating the symptoms. The postoperative diagnosis was a flap tear with subluxation instability of the superior labrum, partial articular surface rotator cuff tear left and 20% and impingement syndrome. The patient had physical therapy twice per week for 4 weeks. The patient was treated with prednisone taper on April 3, 2013 as well as gabapentin, Lidoderm patches, and Duexis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg/26.6: Upheld

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

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

Decision rationale: Duexis is 800mg/26.6 is a combination medication of Ibuprofen and H2 blocker famotidine. Duexis not medically necessary. 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 the patient has been on Duexis or if there was any previous use of NSAIDs. The medication is therefore not medically necessary. Additionally, CA MTUS does not make a direct statement on H2 blockers but in the section on NSAID use page 67; the use of antacids, such as H2 blockers is only recommend if there is a history of gastrointestinal issues such as an intolerance to NSAIDS, or ulcers. The patient's medical records do not note a significant GI history. Duexis is therefore not medically necessary due to a lack of indication for both ibuprofen and H2 blockers.