

Case Number:	CM13-0059190		
Date Assigned:	12/30/2013	Date of Injury:	02/17/2012
Decision Date:	11/14/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and 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 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:

This 40 year-old patient sustained an injury on 2/17/12 while employed by [REDACTED] Request(s) under consideration include DUEXIS 800MG/26.6MG #90 WITH 3 REFILLS. Diagnoses include left hand and forearm joint pain. Report of 10/17/13 from the provider noted patient with persistent left cubital tunnel syndrome complaints with associated burning, numbness and weakness along the left hand ulnar nerve distribution; the patient continues with use of elbow pad and anti-inflammatory medications. Exam noted review of MRI findings with treatment option discussion. There is tenderness over left cubital tunnel; positive elbow flexion test; left hand assuming early claw deformity with positive early Wartenberg sign; Watson maneuver elicit pain and discomfort. MRI showed scapholunate interosseous ligament tear with nerve conduction study with ulnar neuropathy at elbow. Treatment include medication refills of Norco and Duexis with plan for surgical option; however was denied and will be resubmitted for elbow and left wrist arthroscopy with possible synovectomy to assess the radiocarpal joint. The request(s) for DUEXIS 800MG/26.6MG #90 WITH 3 REFILLS was denied on 10/25/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

DUEXIS 800MG/26.6MG #90 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs, on NSAIDs, GI Symptoms and Cardiovascular risk, Pa.

Decision rationale: The medication, Duexis, contains both Ibuprofen (NSAID) and Famotidine (histamine H2 antagonist) combination. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic 2012 injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of blood pressure issues and decreased efficacy as noted by the provider and patient. Famotidine is a medication is for treatment of the gastric and duodenal ulcers, erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for this medication namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Duexis 800mg/26.6mg #90 with 3 refills is not medically necessary and appropriate.