

Case Number:	CM13-0072090		
Date Assigned:	01/08/2014	Date of Injury:	05/03/2005
Decision Date:	08/18/2014	UR Denial Date:	12/07/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesia, has a subspecialty in Acupuncture and 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 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:

The 52year old female injured worker with date of injury 5/3/05 with related low back pain. Per progress report dated 2/6/14, she reported constant pain in the low back with radicular pain down her leg. She was noted to be having urinary incontinence. Per physical exam, decreased sensation to pin prick was noted at the left L4, L5, and S1 dermatomes. Left Achilles reflex was absent. Straight leg raise test was positive on the left. She was status post anterior fusion of L4-L5 and L5-S1 on 9/29/08. Imaging studies were not available in the documentation submitted for review. It is not specified in the documentation submitted for review whether physical therapy was utilized. She has been treated with medication management. The date of UR decision was 12/07/13.

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 THREE (3) TIMES A DAY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Duexis.

Decision rationale: The MTUS is silent on the use of this medication. The Official Disability Guidelines TWC with regard to Duexis states that this is not recommended as a first-line drug. Horizon Pharma recently announced the launch of Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. Ibuprofen (e.g., Motrin, Advil) and famotidine (e.g., Pepcid) are also available in multiple strengths OTC, and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDs. See NSAIDs, GI symptoms & cardiovascular risk, where Proton pump inhibitors (PPIs) are recommended. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy. The documentation submitted for review does not support the use of a histamine-2 blocker. Additionally, as Duexis is not recommended as a first-line therapy but the guidelines, the request is not medically necessary.