

Case Number:	CM14-0001494		
Date Assigned:	01/22/2014	Date of Injury:	05/06/2006
Decision Date:	03/25/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/03/2014

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 Occupational 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for hypertension, abdominal pain, low back pain, insomnia, and hearing loss reportedly associated with cumulative trauma at work between the dates of June 6, 1977 and May 6, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; proton-pump inhibitors and other medications for reflux; and blood pressure lowering medications. The applicant is apparently retired from his former employment. In a Utilization Review Report of December 6, 2013, the claims administrator denied a request for Duexis #90 with six refills, citing a lack of recent medical reports. On December 3, 2013, the attending provider noted that the applicant was using Benicar for hypertension. The applicant's reflux was better controlled through usage of Protonix, it was noted. Benicar and Protonix were refilled. An earlier handwritten note of September 20, 2013 is notable for comments that the applicant's abdominal pain was better with Protonix. Benicar and Protonix were again refilled. In a November 21, 2013 request for authorization, the attending provider did seek a prescription for Duexis (ibuprofen-famotidine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800 mg, #90 x 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Ibuprofen/Famotidine (Duexis). Decision based on Non-MTUS Citation National Library of
Medicine

Decision rationale: Duexis, according to the National Library of Medicine, is an amalgam of ibuprofen and famotidine (Pepcid), H2 antagonist. While the MTUS Chronic Pain Guidelines do support usage of H2 antagonist such as Duexis in the treatment of NSAID-induced dyspepsia, as is seemingly present here, in this case, the employee is described as using a proton-pump inhibitor, Protonix, on a daily basis, without any issue. Protonix was described as effective here. The attending provider did not attach any narrative commentary or rationale to the request for authorization for Duexis. It was not clearly stated why Duexis was being sought if Protonix was effective here. Therefore, the request is not certified owing to lack of supporting rationale.