

<b>Case Number:</b>	CM14-0009606		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	09/15/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 & Rehabilitation, has sub-specialty certificate in Pain Management, 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 is a female patient with the date of injury of September 15, 2013. A utilization review determination dated January 13, 2014 recommends non-certification of Duexis 800mg (#90) (x3 Refills). The previous reviewing physician recommended non-certification of Duexis 800mg (#90) (x3 Refills) due to lack of documentation that Naproxen had been ineffective and the patient has gastrointestinal upset with the use of Naproxen. An Initial Orthopaedic Consultation dated January 3, 2014 identifies History of Present Injury of neck, right shoulder, right arm, and right hand pain. Physical Examination identifies there is tenderness primarily over the right paraspinal region. There is tenderness to palpation over the superior border of the scapula on the right. Positive Spurling's test on the right. Assessment identifies cervicalgia, cervical degenerative disc disease, referred pain to the right shoulder, arm and hand from cervical spine, and abnormal posture. Plan identifies the patient was given a prescription for Duexis, one po tid, dispensed 90 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DUEXIS 800 MG (#90) (TIMES THREE (3) REFILLS), AS PRESCRIBED ON 1/3/2014:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18, 2018).

**Decision rationale:** Regarding the request for Duexis, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. ODG states Duexis 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. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy. Within the medical information available for review, there is no indication for the need for Duexis as opposed to ibuprofen and famotidine separately. The Guidelines do not recommend Duexis as a first-line drug. The patient is noted to be taking Naproxen, and there is no indication that this has failed or causes gastrointestinal symptoms. In light of the above issues, the currently requested Duexis is not medically necessary.