

Case Number:	CM14-0108585		
Date Assigned:	09/19/2014	Date of Injury:	10/24/2007
Decision Date:	10/21/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/11/2014

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 and Rehabilitation, has a subspecialty in 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 injured worker is a 45-year-old female who reported an injury on 10/24/2007, when reportedly she slipped in the bathroom at work and struck a counter and fell. She sustained injuries to her shoulder, arm, and hand. The injured worker's prior treatment history included an EMG evaluation, MRI studies, chiropractic treatment, massage therapy, and medications. The injured worker was evaluated on 05/29/2014 and it was documented that the injured worker complained of significant pain in her neck and a headache due to the delay in getting authorization for Botox injection. She had taken an excess medication due to this in order to cover her pain which was normally better controlled with regular Botox injections. Her pain was 9/10 on the pain scale. The physical examination revealed the injured worker was depressed. There was tenderness noted at the par cervical muscles and trapezius. The lumbar spine examination revealed L4-5 bilateral lumbar facet tenderness to palpation. The lumbar facet loading was positive on both sides. The straight leg raising test was negative. Faber's test was positive. All lower extremities reflexes were equal and symmetric. Tenderness over the lumbar facets and bilateral SI joints. Gaenslen and Faber were positive on the right with pressure applied over the SI joint. Flexion was painful and limited by pain. The medications included oxycodone HCl 30 mg, Norco 10/325 mg, and Duexis 800/26.6 mg. The diagnoses included migraine (unspecified), headache, brachial neuritis or radiculitis (not otherwise specified), cervical disc degeneration, and low back pain. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6 MG Quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (FDA 2012) Official Disability Guidelines Pain (Chronic)

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

Decision rationale: The request for Duexis 800/26.6 mg #90 is not medically necessary. Per the Official Disability Guidelines (ODG), do not recommend Duexis as a first line drug. Horizon Pharma recently announced that the launch of Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. (FDA) 2012 ibuprofen (e.g., Motrin, Advil) and famotidine (e.g., Pepcid) are also available with multiple strengths Over The Counter (OTC), and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDs. The documentation submitted for review failed to indicate the injured worker failing a first line NSAID medication. There was no documentation submitted stating the injured worker having GI complications to indicate the need for a PPI. Additionally, the request failed to include frequency and duration of medication. As such, the request for Duexis is not medically necessary.