

Case Number:	CM14-0014246		
Date Assigned:	02/26/2014	Date of Injury:	02/11/2012
Decision Date:	07/24/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/04/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 56-year-old male with a 2/11/12 date of injury. He was stooping down to cut lettuce when a coworker threw a box and it landed on his back. In a progress report dated 12/12/13, the patient presented with pain in his right shoulder which radiates laterally into the upper arm. He noted pain in the scapula and pain with overhead reaching. For the lumbar spine, the patient complained of sharp pain while bending and stooping. The pain radiates into his left leg. Objective findings include tenderness in the spine and paraspinal muscles, positive impingement sign on Jamar test, and positive anterior biceps tenderness. The diagnostic impression is of right shoulder rotator cuff tear, right shoulder rotator cuff repair, and lysis of adhesions for post-operative arthrofibrosis. Treatment to date has included medication management, activity modification, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DUEXIS 800 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, and the FDA guidelines.

Decision rationale: The California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, the Official Disability Guidelines state that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In addition, the FDA states that Duexis is indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers. Duexis is a combination product combining famotidine and ibuprofen. In a 12/12/13 progress note, the patient says he has not received any significant benefit with pain reduction from taking famotidine and ibuprofen separately. There is no rationale as to why a combination product would be more beneficial than taking the same medications separately. If the patient is already taking ibuprofen and famotidine separately with no improvement in his symptoms, it is unclear why a combination product of the same medications would be effective. Additionally, there is no indication that a different NSAID has been tried given the patient states ibuprofen is not helping with his pain symptoms. Therefore, the request is not medically necessary.