

<b>Case Number:</b>	CM14-0016988		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 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 March 25, 2013. A utilization review determination dated January 23, 2014 recommends non-certification of Duexis, DOS 8/20/13 and 10/17/13 (retrospective). The previous reviewing physician recommended non-certification of Duexis, DOS 8/20/13 and 10/17/13 (retrospective) due to lack of documentation of that Duexis, a compounded medication, is more beneficial to the claimant than the two components of ibuprofen and Famotidine given separately. A letter dated August 20, 2013 identifies the patient complains of bilateral left greater than right knee pain. She has completed a course of Synvisc on July 9, 2013 and this was helpful. She is recommended to avoid stairs. A PR-2 report dated October 17, 2013 identifies Subjective complaints of feeling significant benefit from Synvisc injections. Objective findings identify tenderness medial - patellofemoral joint line, no effusion, no instability. Diagnoses identify left knee symptomatic bicompartamental osteoarthritis (patellofemoral - medial), history of partial medial meniscectomy. Treatment Plan identifies advise weight management and medication management - prescribed Naprosyn, Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DUEXIS; DOS 08/20/13 AND 10/17/13 (RETROSPECTIVE):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPATER, DUEXIS (IBUPROFEN AND FAMOTODINE)

**Decision rationale:** Regarding the request for Duexis, DOS 8/20/13 and 10/17/13 (retrospective), 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. [REDACTED] 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 documentation 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. In light of the above issues, the currently requested Duexis, DOS 8/20/13 and 10/17/13 (retrospective) is not medically necessary.