

Case Number:	CM14-0019491		
Date Assigned:	04/21/2014	Date of Injury:	06/24/2011
Decision Date:	07/02/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/14/2014

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 & Pain Medicine and is licensed to practice in Florida. 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 63 year old male who reported an injury on 04/20/2012, due to pushing a cart carrying a weight of approximately 60 pounds and as the injured worker turned the corner, his right knee buckled. The clinical note dated 12/16/2013 noted the injured worker presented with moderate intermittent bilateral knee pain that included swelling and stiffness. The injured worker's physical exam to the knee revealed slight joint tenderness, range of motion 0-135 degrees with crepitus, and a diagnosis of knee arthralgia and knee chondromalacia. The provider is recommending Duexis 800MG twice a day with a quantity of 60 and Pennsaid applied twice a day. The request for authorization form was not included with the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

DUEXIS 800 MG TWICE A DAY #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: The request for Duexis 800MG twice daily with a quantity of 60 is non-certified. The California MTUS guidelines do not recommended Duexis as a first-line drug.

Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. Diclofenac is in the same drug class as a combination NSAID/GI protectant, and referenced in the guidelines. Ibuprofen and famotidine are also available in multiple strengths OTC (Over The Counter), and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDS. With less benefit and higher cost, it would be difficult to justify using Diclofenac as a first-line therapy. The guidelines recommend Duexis as indicated for rheumatoid arthritis and osteoarthritis. The included medical documents lack evidence of these specific diagnoses for the injured worker, and it does not suggest objective symptoms of NSAID induced gastric or duodenal ulcers in the injured worker. The guidelines also do not recommend Duexis as a first-line drug for injured workers. Therefore the request for Duexis 800 mg twice a day #60 is not medically necessary and appropriate.

PENNSAID APPLY TWICE A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-Steroidal anti-inflammatory agents (NSAIDs), and the diclofenac topical listing Page(s): 111, 112. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 111.

Decision rationale: The request for Pennsaid twice daily is non-certified. Guidelines do not recommend Pennsaid as a first-line treatment. Topical diclofenac, the equivalent of Pennsaid, is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with diclofenac, including topical formulations for the treatment of the signs and symptoms of osteoarthritis of the knee. Diclofenac would be recommended for treatment of osteoarthritis and tendinitis of the knee, elbow, or other joints that are amenable to topical treatment. The included medical document lack evidence of the injured worker having any contraindications to oral pain medications, and also lacks evidence that these medications failed to meet the provider's expectations of pain relief. The included medical documents do not suggest objective symptoms of osteoarthritis and tendinitis of the knee for the injured worker. In addition, the request does not include the quantity or dose of the proposed medication. Therefore, the request for Pennsaid twice a day is not medically necessary and appropriate.