

Case Number:	CM14-0111560		
Date Assigned:	09/05/2014	Date of Injury:	01/11/2012
Decision Date:	10/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/17/2014

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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 patient, a 54 year old woman, injured 1/11/2012, is appealing the 6/18/14 denial for Duexis (Ibuprofen 800 mg/famotidine 26.6 mg). She is diagnosed with osteoarthritis in the hand and carpal tunnel syndrome, s/p release 10/3/2012. She claims work-related right hand pain from activities as an LVN. She had been giving a large number of immunizations before she had complaints. Treatment has included, besides carpal tunnel release, a lot of therapy for her hand complaints and multiple non-steroidal anti-inflammatory drugs (NSAID) medications and narcotics.

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, #90, with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Famotidine (Pepcid); Ibuprofen. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter: Duexis (ibuprofen & famotidine)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines - NSAIDs and NSAIDs, GI symptoms & cardiovascular risk, . Page(s): 67- 69. Decision based on Non-MTUS Citation Medscape (Duexis): <http://reference.medscape.com/drug/duexis-ibuprofen-famotidine-999647>

Decision rationale: This medication is a combination of ibuprofen and famotidine. Medscape notes that Duexis is indicated for osteoarthritis and rheumatoid arthritis. The California Medical Treatment Utilization Schedule (MTUS) chronic pain guidelines states that non-steroidal anti-inflammatory drugs (NSAIDs) are indicated with osteoarthritis. The lowest dose for the shortest period of time is indicated for in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. When someone has an intermediate risk for GI events (without cardiovascular disease, a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. A Cox-2 selective agent plus a PPI if absolutely necessary is indicated for patients at high risk for gastrointestinal events with no cardiovascular disease. Risk for gastrointestinal events includes: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). This patient has been advised to not take NSAIDs per her nephrologist. Later notes indicate her use of NSAIDs, including naproxen and Feldene, without explanation of safety or approval by the nephrologist noted. She has chronic kidney disease and diabetes, hypertension. It is not clear that the NSAID is actually indicated because of her renal status. She has not demonstrated increased risk for GI events per the criteria above, and so does not qualify for a PPI. The requested treatment is not medically necessary and appropriate.