

Case Number:	CM14-0124709		
Date Assigned:	08/08/2014	Date of Injury:	03/19/2013
Decision Date:	09/18/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/06/2014

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 and is licensed to practice in Alabama, New York and Maryland. 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 is a 51 year old male who was injured on 03/19/2013 while putting a car in gear, he felt pain and swelling in his right wrist and forearm. The patient underwent right elbow arthroscopic debridement; right elbow arthroscopic synovectomy; right elbow arthroscopic removal of loose body on 04/15/2014. Progress report on 05/07/2014 indicates the patient complains of achy discomfort in his right elbow. Objective findings on exam revealed elbow range of motion with extension up to 15 degrees with loss of full extension; flex to 135 degrees actively; pronation to 60; supination to 60 degrees actively with some mild discomfort in the posterolateral aspects of the right elbow with still diffuse tenderness at the right wrist. Per the assessment there is right wrist arthralgia with cystic alterations in the capitate and chronic ulnolunate abutment and impingement syndrome; status post arthroscopic debridement, complete synovectomy, and loose body removal of the right elbow on 01/16/2012 with evidence of radiocapitellar arthrosis and radial head fracture. He has been recommended for Duexis. Prior utilization review dated 07/08/2014 states the request for Duexis 800/26.6mg #90 30 day supply, prospective request between 07/02/14-09/30/14 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg #90 (30 day supply), prospective request between 07/02/14-09/30/14:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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) Other Medical Treatment Guideline or Medical Evidence: <http://reference.medscape.com/drug/duexis-ibuprofen-famotidine-999647>.

Decision rationale: The ODG and package insert for Duexis indicates it's approved uses as rheumatoid arthritis and osteoarthritis. Duexis contains ibuprofen, an anti-inflammatory medication. The reported benefit from Duexis is likely related to a placebo effect or an expectation of benefit as is commonly seen in placebo controlled trials. The medical records fail to document the medical rationale for using a combination medication like Duexis. The patient has no history of gastro-intestinal adverse effects and no history or a prior gastro-intestinal bleeding episode. There is no medical justification based on the clinical documentation and indications stated above. The request is not considered medically necessary.