

Case Number:	CM14-0135101		
Date Assigned:	08/29/2014	Date of Injury:	08/02/2013
Decision Date:	12/22/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/21/2014

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 Medicine 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 patient with the date of injury of August 2, 2013. A utilization review determination dated August 1, 2014 recommends non certification of Duexis. A physical therapy progress report dated June 30 January 20, 2014 identifies subjective complaints of low back pain and abdominal pain. Objective examination findings reveal tight and tender lumbar paraspinal muscles and pain with range of motion testing. Diagnoses include lumbosacral sprain. The treatment plan recommends exercise and modalities. A progress report dated December 30, 2013 identifies subjective complaints of low back pain radiating into the left lower extremity. The note indicates that the patient takes Tylenol #3, 6 times per day with improved pain. Objective examination findings reveal limited range of motion and tenderness to palpation in the lumbar spine. Diagnoses include lumbar strain with disc herniation. The treatment plan recommends physical therapy and an EMG of the lower extremities. Continuing Tylenol #3 is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg-26.6mg tab, 1 tab TID for 30 days #90, Refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: NSAIDs, GI symptoms & C. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-69.

Decision rationale: Regarding the request for Duexis, 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. Horizon Pharma 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 medical information 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. Additionally, a refill would not be recommended unless there was documentation of analgesic efficacy, objective functional improvement, and lack of side effects. As such, the currently requested Duexis is not medically necessary.