

Case Number:	CM14-0137671		
Date Assigned:	09/05/2014	Date of Injury:	01/25/2009
Decision Date:	09/26/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/26/2014

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 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:

There were 77 pages for this review. The request for independent medical review was signed on August 18, 2014. It was in regards to Duexis 800\26.6 mg one by mouth three times a day number 90/30 days. It was also a request for Endocet 10\325 mg, one tablet twice a day, number 60/30 days. Per the records provided, the claimant is described as a 45-year-old male who was injured back in 2009. The patient lifted a 150 pound sack of coffee. The treating diagnoses included chronic low back pain due to lumbosacral degenerative disc disease with foraminal stenosis, status post umbilical hernia repair, severe neurogenic pain, persistent groin pain with insomnia, sexual dysfunction and constipation. As of July 16, 2014, the patient continued to work full time and has been tolerating his work. He has been using a Lidoderm patch to help muscle stiffness. He took Lyrica for neuropathic pain and Endocet twice a day. He also took Duexis as an anti-inflammatory medicine to help with his pain. The medical records did not clearly provide a rationale or indication for Endocet on a chronic basis for this patient. The sexual dysfunction could be a complication of the opiate use. It was modified to 10\325 mg number 40 to allow for a tapering and discontinuation. In regards to the Duexis, there is no mention as to why the patient would require gastrointestinal prophylaxis. While anti-inflammatory medicines may be indicated, the gastrointestinal prophylaxis component of this medicine is not supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg, 1 by mouth three times a day, #90/30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS AND GASTROINTESTINAL SYMPTOMS

Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Duexis.

Decision rationale: The MTUS is silent on Duexis. Regarding Duexis, the ODG notes: 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. (FDA, 2012) Ibuprofen (eg, Motrin, Advil) and famotidine (eg, Pepcid) are also available in multiple strengths OTC (over the counter), and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDs. See NSAIDs, GI symptoms & cardiovascular risk, where Proton pump inhibitors (PPIs) are recommended. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy. Duexis is a prescription combination of Ibuprofen and Famotidine, both of which are available over the counter. It is not clear there is GERD to warrant a proton pump inhibitor like famotidine, but if there were, over the counter medicines would be sufficient, and this special prescription preparation would not be necessary. The request at present is not medically necessary.

Endocet 10/325mg, #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: Endocet is an opiate combination medicine. In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request is not medically necessary per MTUS guideline review.