MAXIMUS Federal Services

Case Number:	CM14-0148067		
Date Assigned:	10/27/2014	Date of Injury:	07/10/2009
Decision Date:	12/03/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/11/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic neck, shoulder, elbow, and wrist pain reportedly associated with an industrial injury of July 10, 2009.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of acupuncture.In a Utilization Review Report dated August 14, 2014, the claims administrator approved six sessions of acupuncture while denying Duexis. The claims administrator denied Duexis solely on the grounds that the Duexis was not on Official Disability Guidelines (ODG's) drug formulary, despite the fact that California has not adopted the same. The applicant's attorney subsequently appealed.In a September 24, 2014 progress note, the applicant reported ongoing complaints of neck, shoulder, and upper arm pain, 4/10. The applicant reported issues with gastrointestinal burning/dyspepsia associated with nonselective NSAIDs, such as Motrin. The applicant stated that samples of Duexis had proven effective in ameliorating the applicant's complaints of dyspepsia. The applicant incidentally noted that previous usage of Prilosec was not altogether successful. Additional acupuncture was sought. Duexis was prescribed. It was stated that the applicant was working with permanent limitations in place.

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 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Mosby's Drug Consult-Mosby, Inc. and Official Disability Guidelines (ODG), NSAIDs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Topic Page(s): 69. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Duexis Medication Guide page 69, and on the Official Disability Guidelines (ODG), Ibuprofen/Famotidine (Duexis).

Decision rationale: Duexis, per the National Library of Medicine (NLM), is a combination of ibuprofen, an NSAID, and famotidine, an H2 antagonist. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, H2 antagonists such as Famotidine are indicated in the treatment of NSAID-induced dyspepsia, as is present here. The applicant has reported complaints of dyspepsia with ongoing NSAID usage, including ongoing Motrin usage. The attending provider and applicant have, furthermore, both posited that previous usage of Duexis had proven effectual in attenuating the applicant's pain complaints and in diminishing the applicant's complaints of dyspepsia. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.