

<b>Case Number:</b>	CM14-0170317		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	06/16/2008
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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:

Injured worker is a 54 year-old male with date of injury 06/16/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/02/2014, lists subjective complaints as neck, mid, and low back. Objective findings: Examination of the spine revealed tenderness to palpation of the upper thoracic paravertebral muscles and decreased range of motion. Trigger point activity was noted throughout the bilateral periscapular regions into the cervical paraspinals. Diagnosis: 1. Pain in thoracic spine 2. Thoracic or lumbosacral neuritis or radiculitis 3. Lumbago 4. Cervicalgia. The medical records supplied for review document that the injured worker has been taking the following medication for at least as far back as three months. Medications: 1. Duexis 800mg SIG: 1 BID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800mg 1 BID x5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Anti-Inflammatories: Duexis

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 111.

**Decision rationale:** Duexis (Famotidine and Ibuprofen) is used to treat the signs and symptoms of rheumatoid arthritis and osteoarthritis. For the purposes of this review, it can be thought of it is a compounded medication. According to the MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS also states that prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the injured worker has any of the risk factors needed to recommend Duexis which contains the proton pump inhibitor Famotidine. Duexis 800mg 1 BID x5 refills is not medically necessary.