

Case Number:	CM14-0175926		
Date Assigned:	10/29/2014	Date of Injury:	10/05/2011
Decision Date:	12/16/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/23/2014

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:

This is a 43-year-old female with a 10/5/11 date of injury. She was seen on 8/11/14 with decrease right hand numbness and tingling as well as pain from the carpal tunnel area radiating up along the volar forearm and upper lateral arm area. Exam findings revealed positive Tinel's and Phalen's signs across the left carpal tunnel. The patient was noted to decline surgery Treatment to date: PT, medications, and injections The UR decision date 10/13/14 denied the request as it was not clear if the patient had GERD to warrant the use of Famotidine, in addition if that were the case over the counter medications would have been sufficient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800-26.6 number ninety #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 46. Decision based on Non-MTUS Citation ODG (Pain Chapter-Duexis) Other Medical Treatment Guideline or Medical Evidence: FDA (Duexis)

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Duexis is a

combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. ODG states this medication is not recommended as a first-line drug (FDA, 2012) Ibuprofen (eg, Motrin, Advil) and famotidine (eg, Pepcid) are also available in multiple strengths OTC, and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDS. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy. In addition, the FDA states that Duexis is indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers. This patient has a diagnosis of carpal tunnel syndrome and has avoided surgery to date. She is currently on Duexis but there is insufficient documentation as to why a combination of an NSAID and proton pump inhibitor would not be a sufficient combination for a patient on chronic NSAID use. Therefore, the request for Duexis 800-26.6 #90 was not medically necessary.