MAXIMUS Federal Services

Case Number:	CM14-0175937		
Date Assigned:	10/29/2014	Date of Injury:	10/31/2011
Decision Date:	12/05/2014	UR Denial Date:	10/15/2014
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:

According to the provided documents, this is 49-year-old man who was injured on 10/31/11. The disputed treatment is Duexis which is addressed in a utilization review determination from 10/15/14. The patient sustained a left shoulder injury and had surgery for a rotator cuff tear on 7/25/13. A 4/8/14 PR-2 indicated he was receiving medication, was continuing care with the orthopedist and also going to have a 2nd orthopedic opinion. There is discussion of a possible shoulder replacement. That report indicates that the patient's medications were Norco, tramadol and Duexis. The Duexis was used 3 times a day. There is no mention of any history of upper gastrointestinal illness or problems. PR-2's from 6/12/14 and 8/12/14 by the same physician continued the same medications. The requesting PR-2 from10/7/14 documents chronic left shoulder pain as well as back pain. Patient continues to see the orthopedist. The patient's pain was 7-8/10, no change in the pain since last visit. The patient had a recent corticosteroid injection. The pain is worse when he finishes work at night. He continues to use Norco, tramadol and Duexis. He takes the tramadol during the day at work, the Norco once he finishes work (He works as a meat cutter at [redacted] doing regular work). The use of the Duexis is not mentioned. The examination indicated that there is no sedation noted and judgment was intact. Cranial nerves were intact. Diagnoses were long-term (current) use of other medications; other specified sites of sprains and strains-left shoulder; chronic postop pain; pain in joint involving shoulder region. Medication management was to continue. However the report then stated that patient is going to discontinue the tramadol and start Ultram PR. The Duexis was refilled 800/26.6 mg one 3 times a day #90. None of the submitted documents indicate this patient has ever suffered from any upper gastrointestinal illnesses, or had any upper gastrointestinal symptoms or findings.

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 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, G.I. symptoms and cardiovascular risk NSAIDs (nonsteroidal anti-inflammatory drugs) Page. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA prescribing information at http://www.duexis.com/prescribing-info

Decision rationale: This is a combination of ibuprofen and famotidine. Ibuprofen is a nonsteroidal anti-inflammatory drug and famotidine is a histamine-2 blocker used to treat upper gastrointestinal illness such as heartburn, gastritis and GERD. MTUS guidelines do not specifically address this combination medication but do address appropriate use of nonsteroidal anti-inflammatory medication such as ibuprofen and gastrointestinal prophylaxis against side effects. While MTUS guidelines do support use of gastrointestinal prophylaxis for patients with high risk to develop gastrointestinal side effects from NSAIDs, guidelines recommend use of proton pump inhibitors, not H-2 (histamine) blockers. Furthermore, there is no documentation that this patient is at increased risk for gastrointestinal side effects from use of Ibuprofen. The patient is less than 65.There is no history of peptic ulcer, GI bleeding or perforation. There is no concurrent use of ASA, corticosteroids, and/or an anticoagulant. There is no use of high dose/multiple NSAID. Therefore, based upon the evidence and the guidelines use of the Duexis is not medically necessary.