

Case Number:	CM14-0176232		
Date Assigned:	10/29/2014	Date of Injury:	03/25/2008
Decision Date:	12/05/2014	UR Denial Date:	10/06/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 50 years old female with an injury date on 03/25/2008. Based on the 09/24/2014 progress report provided by [REDACTED], the diagnoses are:1. Chronic right hip pain, status post arthroscopic surgery for labral tear.2. Depression and anxiety related to chronic pain.3. Right lateral femoral cutaneous neuropathy.4. Possible underlying lumbar radiculopathy.5. Right knee pain s/p fall.6. Cervical strain s/p fall. According to this report, the patient complains of pain in the right hip and leg with shooting and stabbing pain, pain in the left knee to the outer foot, and neck pain. Overall, pain is rates at a 7/10 on the visual analog scale (VAS). The patient is ambulating with the use of a single point cane. Exam reveals moderate tenderness over the cervical/ lumbar paraspinal muscles, and upper trapezius muscles. Mild tenderness is noted throughout the knee with abrasion and at the fourth and fifth metatarsal bones of the left foot. Range of motion of the right hip is limited. There were no other significant findings noted on this report. The utilization review denied the request on 10/06/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/13/2013 to 09/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6 #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, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI: NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 09/24/2014 report by [REDACTED] this patient presents with pain in the right hip and leg with shooting and stabbing pain, pain in the left knee to the outer foot, and neck pain. The treater is requesting decision for Duexis 800/26.6 #90 (1 tab po tid prn). Duexis was first mentioned in the 06/25/2014 report; it is unknown exactly when the patient initially started taking this medication. The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not address Duexis; however, Official Disability Guidelines (ODG) Guidelines states "Not recommended as a first-line drug. Horizon Pharma recently announced the launch of Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis." There is no discussion regarding GI assessment as required by California MTUS. California MTUS also does not recommend routine use of PPI's for prophylactic use without a proper GI risk assessment. First line treatment with Duexis is also not recommended. Recommendation is not medically necessary and appropriate.