

Case Number:	CM14-0185538		
Date Assigned:	11/13/2014	Date of Injury:	10/28/2007
Decision Date:	12/15/2014	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/07/2014

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 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 62 year-old patient sustained an injury on 10/28/07 from a slip and fall while employed by [REDACTED]. Request(s) under consideration include Duexis 800-26.6mg #90. Diagnoses include osteoarthritis s/p right TKR in 2012. This is a prior injury claim involving the low back in 2005. Report of 10/24/14 from the provider noted the patient with persistent chronic right knee and back pain rated at 8/10. Medications list Ibuprofen and Tramadol noted to be helpful. Exam showed antalgic gait with use of a cane; healed surgical incision over anterior right knee with moderate tenderness and clicking motion; limited range of 5-120 degrees. Treatment plan included medication and revision of right total knee. The request(s) for Duexis 800-26.6mg #90 was non-certified on 11/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexia 800-26.6mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI Symptoms and Cardiovascular risk,.

Decision rationale: This 62 year-old patient sustained an injury on 10/28/07 from a slip and fall while employed by [REDACTED]. Request(s) under consideration include Duexis 800-26.6mg #90. Diagnoses include osteoarthritis s/p right TKR in 2012. This is a prior injury claim involving the low back in 2005. Report of 10/24/14 from the provider noted the patient with persistent chronic right knee and back pain rated at 8/10. Medications list Ibuprofen and Tramadol noted to be helpful. Exam showed antalgic gait with use of a cane; healed surgical incision over anterior right knee with moderate tenderness and clicking motion; limited range of 5-120 degrees. Treatment plan included medication and revision of right total knee. The request(s) for Duexis 800-26.6mg #90 was non-certified on 11/4/14. The medication Duexis contains both Ibuprofen (NSAID) and Famotidine (histamine H2 antagonist) combination. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of blood pressure issues and decreased efficacy as noted by the provider and patient. Famotidine is a medication is for treatment of the gastric and duodenal ulcers, erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for this medication namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Duexis 800-26.6mg #90 is not medically necessary and appropriate.