

Case Number:	CM14-0186057		
Date Assigned:	11/13/2014	Date of Injury:	01/14/2008
Decision Date:	12/30/2014	UR Denial Date:	10/13/2014
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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 71-year-old man who sustained a work-related injury on January 14, 2008. Subsequently, the patient developed chronic knee pain and lower leg pain. According to a progress report dated on October 7 2014, the patient was complaining of bilateral knee pain, and back pain with a pain severity is rated between 7-8/10. No recent physical examination was provided. The provider requested authorization for continue Duexis.

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 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Duexis is a combination of Ibuprofen and Famotidine. There is no documentation that the patient has a history of GI disease and failed the prescription of Famotidine separately. There are no controlled studies supporting the superiority of Duexis to Ibuprofen and Famotidine prescribed separately. According to MTUS guidelines, Famotidine is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal

events. The risk for gastrointestinal events 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 (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There are no controlled studies supporting the superiority of Famotidine to Duexis for the treatment of GI ulcer. There is no documentation that the patient is suffering from GI ulcer or at risk of developing also. Therefore, Duexis 800/26.6mg, #90 with 3 refills prescription is not medically necessary.