

Case Number:	CM14-0192123		
Date Assigned:	11/26/2014	Date of Injury:	10/31/2011
Decision Date:	01/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Practice, and is licensed to practice in Texas and Mississippi. 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 injured worker is a 49-year-old male who reported an injury on 10/31/2011. The mechanism of injury was lifting a heavy pallet, when he noted a sudden onset of left shoulder pain. The diagnoses provided included long term (current) use of other medication, other specified sites of sprains and strains, chronic postoperative pain, and pain in joint involving shoulder region. Past medical treatment included physical therapy. Diagnostic studies included an official MRI of the left shoulder dated 12/10/2013, interpreted by [REDACTED], which revealed the presence of hardware in the area of the left humeral head, causing considerable magnetic field distortion and obscuring part of the anatomy. There was no gross tear of the rotator cuff. Mild degenerative changes of the left acromioclavicular joint associated with mild hypertrophic changes, both on the superior and inferior aspect were noted. There were erosions on the anterior aspect of the left humeral head. Surgical history included a left shoulder arthroscopic extensive glenohumeral debridement, left shoulder arthroscopic glenohumeral capsular release, left shoulder arthroscopic revision subacromial bursectomy, lysis of adhesions, decompression and acromioplasty, left shoulder examination under anesthesia on 07/25/2013. The injured worker had complaints of left shoulder and low back pain that he rated at 7/10 to 8/10 and described as tingling, pressure, burning, sharp, electrical, dull, and aching. The injured worker reported the pain was relieved by medication and rest. The injured worker reported 60% to 70% improvement since beginning treatment. The injured worker reported 50% overall relief with medications for 4 to 5 hours. It was noted the injured worker continued to work at [REDACTED] as a meat cutter. The last urine drug screen was ordered 02/13/2014, and was appropriate. The CURES report dated 10/06/2014 was appropriate. Upon examination, there was no sedation noted. The injured worker was pleasant and conversant, and the injured worker's mood was fairly good, with and appropriate affect. Judgment appeared to be intact, with normal speech

rate, rhythm, and content. Cranial nerves 2 through 12 appeared grossly intact. Medications included Ibuprofen, Tylenol, Antibiotics, Ultram ER 200 mg, Norco 10/325 mg 3 to 4 times daily, and Duexis 3 times a day with food. The physician recommended the injured worker was to continue Duexis 800/26.6 mg 3 times a day for pain and inflammation. The physician indicated the injured worker had failed Ibuprofen, Naproxen, and use of over the counter Ranitidine and Omeprazole. The Request for Authorization for Duexis (Ibuprofen and Famotidine) tablets was dated 11/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis (Ibuprofen and Famotidine) Tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, Duexis® (ibuprofen & famotidine).

Decision rationale: The request for Duexis (Ibuprofen and Famotidine) tablets is not supported. The California MTUS/ACOEM does not address Duexis. However, the Official Disability Guidelines state that Duexis is not recommended as a first line drug. It is a combination of ibuprofen and Famotidine indicated for rheumatoid arthritis and osteoarthritis. Both Ibuprofen and Famotidine are available in multiple strengths over the counter. The records submitted for review indicated the injured worker had failed Ibuprofen, Naproxen, and use of over the counter ranitidine and omeprazole. However, the records submitted for review failed to include documentation indicating the injured worker had a diagnosis of rheumatoid arthritis or osteoarthritis. Furthermore, the records submitted for review failed to include documentation indicating the patient had gastrointestinal symptoms. In addition, the request as submitted failed to include the frequency and quantity for the requested medication; therefore necessity cannot be determined. Given the above, the request for Duexis (Ibuprofen and Famotidine) tablets is not medically necessary.