

<b>Case Number:</b>	CM14-0024491		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Nevada. 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 48-year-old female injured on 12/6/2010. The mechanism of injury was noted as lifting a heavy trash bag. The claimant underwent arthroscopic surgery of the right shoulder on 4/29/2011. The most recent progress note, dated 1/30/2014, indicated that there were ongoing complaints of right scapular and shoulder pain. Physical examination demonstrated mild tenderness posterior scapular order, near normal abduction and flexion and negative impingement sign. Plain radiographs of the right shoulder, dated 11/18/2013, showed calcific tendinosis of the rotator cuff. EMG, dated 11/18/2013, demonstrated changes of denervation and re innervation in the right suprascapular nerve territory. Diagnoses: Right rotator cuff tear and impingement syndrome. Previous treatments are trigger point injection on 12/23/2013 and anti-inflammatories. A request had been made for Duexis tablets 800/26.6 #100 with #1 refill and was modified in the pre-authorization process on 2/13/2014 and certified for Ibuprofen 800 mg #100 and Famotidine 20 mg #100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DUEXIS TABLETS 800/26.6, #100, WITH ONE REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 22, 70 OF 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: NCBI: Ther Adv Musculoskeletal Dis. Oct 2012; 4(5): pages 327 - 339.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CA MTUS) guidelines do not specifically address the medication Duexis (Ibuprofen/Famotidine); however, the guidelines non-steroidal anti-inflammatories are considered traditional first-line of treatment to reduce pain and inflammation to increase function. GI side effects and adverse events associated with NSAIDs can be decreased with H-2 receptor antagonist; however, a search for an article and/or study to support the request has failed to document increased efficiency of Duexis when compared to taking both ibuprofen and Famotidine as separate tablets. The request is not medically necessary.