

<b>Case Number:</b>	CM14-0028942		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	02/11/2003
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Occupational Medicine 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 53-year-old female, with a date of injury of 2/11/03. She has developed a chronic myofascial pain syndrome involving mostly the neck and shoulder region. She has been diagnosed with carpal tunnel syndrome and rotator cuff tendonitis. She has completed a functional restoration program with some improvement in reported function. Medications have been utilized long term with long term use of Motrin (exact doses and frequently are not documented) and Tylenol #3. The combination medication Duexis 800/26.6 (Ibuprofen and Famotidine) was recommended. There is no documentation available for review that documents the medical necessity for this combination drug.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 TABLETS OF DUEXIS 800-26.6 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS); NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67,68. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3458616/>.

**Decision rationale:** The treating physician does not provide adequate documentation to support the use of Duexis vs MTUS Guideline recommendations the support the initial use of Proton Pump Inhibitors (PPI's) for gastric problems associated with chronic NSAID use. PPI's are proven more effective for this purpose. Duexis had as little effect on serious outcomes vs. Motrin by itself (3.2% vs 3.3%). Without specific medical documentation (i.e. PPI's cause side effects etc.) to support the use Duexis, it does not appear to be medically necessary vs. Guideline recommended alternatives. Therefore, the request prescription drug is not medically necessary.