

<b>Case Number:</b>	CM14-0037574		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/24/2004
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 & Rehabilitation and is licensed to practice in Missouri and 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 66-year-old female who was injured on 01/24/2004. Mechanism of injury is unknown. Prior treatment history has included an orthotic wrist brace and medications such as Voltaren, Glucosamine and ibuprofen. Progress note dated 02/13/2014 documented the patient with complaints of bilateral upper extremity pain. The pain level has increased since the last visit. She rates her pain a 10/10. Her quality of sleep is poor. She has not tried any other therapies for pain relief. Activity has remained the same. She states her medications are less effective. Objective findings on examination of the cervical spine reveal range of motion is restricted with flexion limited to 40 degrees limited by pain, extension limited to 20 degrees limited by pain, lateral rotation to the left limited to 50 degrees limited by pain and lateral rotation to the right limited to 50 degrees. There is paravertebral muscle tenderness and tight muscle band noted on both sides. Tenderness is noted at the paracervical muscles and trapezius. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. Movements in the right shoulder are restricted with flexion limited to 90 degrees and abduction limited to 80 degrees limited by pain. Inspection of the right wrist reveals no erythema, swelling, symmetry, atrophy or deformity. A Range of motion is restricted with supination limited by pain. Phalen's sign is positive. Tinel is positive. Finklestein's test is positive. On sensory examination, light touch sensation is decreased over thumb, index finger, middle finger on the right side. Diagnoses include cervical pain and wrist pain, bilateral. The treatment plan discussed with patient was physical therapy and right shoulder injection; if both have failed and tried, they would refer for orthopedic consult with [REDACTED]. Utilization report dated 03/11/2014 denied the request for Duexis 800 mg-26.6 mg two times per day (bid) as needed (prn) #60 because the guidelines state this medication is not recommended as a first-line drug. There are other NSAIDs that can be tried, therefore it was not certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800mg/26.6mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 03/10/14), Duexis (ibuprofen & famotidine).

**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) and <http://reference.medscape.com/drug/duexis-ibuprofen-famotidine-999647>.

**Decision rationale:** CA MTUS do not discuss the issue in dispute. As per the Official Disability Guidelines (ODG) and referenced guidelines, it is approved to use for rheumatoid arthritis and osteoarthritis. Duexis contains ibuprofen, an anti-inflammatory medication that the patient was already taking and to which she was already reporting suboptimal benefit. The reported benefit from Duexis is likely related to a placebo effect or an expectation of benefit as is commonly seen in placebo controlled trials. Her reported failure with diclofenac and ibuprofen suggest that she is unlikely to respond to anti-inflammatory medications and that alternate classes of medication should be considered. The medical records fail to document the medical rationale for using a combination medication like Duexis; the patient has no history of gastrointestinal adverse effects and no history or a prior gastrointestinal bleeding episode. Therefore, there is no medical justification based on the clinical documentation and indications stated above. The request is therefore not considered medically necessary.