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| Case Number: | CM14-0047717 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 06/30/2011 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 03/25/2014 |
| Priority: | Standard | Application Received: | 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 date of injury 6/30/11. The treating physician report dated 1/14/14 indicates that the patient presents with pain affecting the left knee. The patient is working but notes that she had to take some time off because of her knee. Examination findings state, "There is minimal left knee flexion contracture. The knee flexes about 90 degrees. The knee is quite sensitive to examination, but there is no significant crepitance or effusion." The current diagnoses are: 1. Chondromalacia. 2. Internal derangement. The utilization review report dated 3/25/14 denied the request for Duexis, a combination of Ibuprofen and Famotidine based on lack of guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Duexis (800MG of Ibuprofen and 26.6MG of Famotidine), for symptoms related to left knee injury: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill. Physicians Desk Reference 68th ed. www.rxlist.com, Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The patient presents with chronic left knee pain. The current request is for 90 tablets of Duexis (800MG of Ibuprofen and 26.6MG of Famotidine), for symptoms related to left knee injury. Famotidine is an H2 blocker that is used to treat GERD. The treating physician does not report any side effects to NSAIDs and no dyspepsia is reported. The MTUS guidelines support Ibuprofen for osteoarthritis and mild to moderate pain. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." However, this patient does not have dyspepsia with NSAID. The treater is using this compounded medication with an H2 blocker for prophylaxis. MTUS require documentation of GI risk assessment such as age >64, concurrent use of ASA, anticoagulant, history of peptic ulcer disease, etc., for prophylactic use of an H2 receptor antagonist. The request for 90 Tablets of Duexis (800MG of Ibuprofen and 26.6MG of Famotidine) is not medically necessary.