

<b>Case Number:</b>	CM14-0048560		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/14/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/06/2014
<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 Internal 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:

Patient is an injured worker with a history of hypertension, cervical spine disorder, right shoulder impingement syndrome, L4-5 disc herniation with bilateral lower lumbar radiculopathy, upper extremity overuse tendinopathy, status post anterior cervical discectomy and fusion at C3-C4, C4-C5, C5-C6 and C6-C7. Date of injury 04-14-2008. Primary treating physician's progress report dated March 6, 2014 by [REDACTED] documented a history of work-related injury to her neck, low back and right shoulder. The patient complains of ongoing pain to her neck, low back and right shoulder. She reports swallowing difficulties and heartburn. She reports sore throat and dry mouth. She reports calf pain with walking (claudication) and leg cramping. Physical examination findings included normal gait, decreased cervical spine range of motion, cervical tenderness, normal upper extremity and lower extremity circulation, right shoulder tenderness, lumbar tenderness and decreased range of motions. Diagnoses were right shoulder impingement syndrome, L4-5 disc herniation with bilateral lower lumbar radiculopathy, upper extremity overuse tendinopathy, status post anterior cervical discectomy and fusion at C3-C4, C4-C5, C5-C6 and C6-C7 on 04/18/12. Treatment plan included consultation with ENT specialist, esophagram, Toradol. Otorhinolaryngology consultation report dated 01-06-2014 documented a history of hypertension and hypothyroidism, with medications Lisinopril, Hydrochlorothiazide, Levothyroxine, Omeprazole, Duexis. Utilization review decision date was 03-06-2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Duexis 800 mg/26.6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic).

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

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy: angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers, beta-blockers, or diuretics. Duexis contains a combination of famotidine and ibuprofen. Ibuprofen is an NSAID. Medical records document that the patient has a diagnosis of Hypertension, managed with Lisinopril and Hydrochlorothiazide. No recent blood pressure measurements were present in the medical records. No recent laboratory tests were present in the medical records. MTUS and FDA guidelines warns against the use of NSAIDs in patients with hypertension, and recommend monitoring of blood pressure and laboratory tests. Patient also reported gastrointestinal complaints. Medical records do not support the use of NSAIDs such as Ibuprofen. MTUS and FDA guidelines do not support the use of Duexis, which contains Ibuprofen (NSAID). Therefore, the request for 1 Prescription of Duexis 800 mg/26.6 is not medically necessary.