

Case Number:	CM14-0071381		
Date Assigned:	07/14/2014	Date of Injury:	09/17/2013
Decision Date:	10/08/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/16/2014

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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 17, 2013. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; opioid therapy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated May 9, 2014, the claims administrator denied a request for Duexis, an amalgam of Ibuprofen and Famotidine, stating that the injured worker did not have any gastrointestinal (GI) issues, which would support provision of this particular agent. The applicant's attorney subsequently appealed. In a May 30, 2014 progress note, the injured worker reported 7/10 pain. The injured worker apparently had comorbid diabetes and hypertension. The injured worker was using Metformin and Norco. It was stated that the injured worker had previously discontinued ibuprofen owing to GI upset. Duexis was therefore endorsed. It was stated that the injured worker had not yet taken this medications, the attending provider noted, so no discussion of medication efficacy could take at this point. The injured worker was placed off of work, on total temporary disability. Norco was renewed. SI joint injection therapy was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6 mg three times a day #90 (ibuprofen and famotidine tablets): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Topic..

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of H2 antagonists such as famotidine is indicated in applicants who developed non-steroidal anti-inflammatory drugs (NSAIDs)-related dyspepsia. In this case, the injured worker has apparently developed dyspepsia with usage of a non-selective NSAID, ibuprofen. Provision of an NSAID-H2 antagonist amalgam such as Duexis is therefore indicated. Therefore, this request is medically necessary.