

Case Number:	CM14-0071624		
Date Assigned:	07/16/2014	Date of Injury:	02/27/2007
Decision Date:	09/16/2014	UR Denial Date:	04/24/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This 57-year-old patient had a date of injury on 2/27/2014. The mechanism of injury was not noted. In a progress noted dated 4/10/2014, subjective findings included. Quality of sleep is poor, and pain level has increased since last visit. On a physical exam dated 4/10/2014, objective findings included shoulder restriction with flexion limited to 70 degrees limited by pain. Wrist is positive for Phalen's sign on right. Tinel's sign is positive, and there is palpation noted over ulnar side. Diagnostic impression shows carpal tunnel syndrome, shoulder pain, elbow pain, cervical pain, and lateral epicondylitis. Treatment to date: medication therapy, behavioral modification A UR decision dated 4/24/2014 denied the request for Duexis 800/26.6mg #30, stating it is not recommended as a 1st line drug, as less benefits and higher costs are associated with this medication. Voltaren 1% gel #1. No rationale was provided for the denial of Voltaren gel.

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 # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Duexis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter-Duexis.

Decision rationale: The California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Duexis is a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. ODG states this medication is not recommended as a first-line drug (FDA, 2012) Ibuprofen (e.g., Motrin, Advil) and famotidine (e.g., Pepcid) are also available in multiple strengths OTC, and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDs. See NSAIDs, GI symptoms & cardiovascular risk, where Proton pump inhibitors (PPIs) are recommended. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy. In addition, the FDA states that Duexis is indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers. In a progress report dated 1/13/2014, it was noted that the patient was on motrin 400mg as well as Prilosec. Furthermore, no rationale was provided as to why this patient could not utilize over the counter preparations of Pepcid(famotidine) and Motrin and why she requires Duexis. Therefore, the request for Duexis 800/26.6mg #30 is not medically necessary.

Voltaren 1 % gel # 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: The California MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. The patient is noted to be on Motrin 400mg and Duexis in a progress report dated 4/10/2014. There was no discussion regarding failure of first line oral NSAIDs to justify this topical formulation. Therefore, the request for Voltaren gel 1% #1 is not medically necessary.