

Case Number:	CM14-0075602		
Date Assigned:	07/16/2014	Date of Injury:	11/15/2007
Decision Date:	10/27/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/23/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 15, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee surgery; earlier shoulder surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 29, 2014, the claims administrator denied a request for Duexis, seemingly on the grounds that Duexis was an 'N' ODG drug, despite the fact that the MTUS did address the issue and despite the fact that California has not adopted ODG's formulary. The applicant's attorney subsequently appealed. In an April 13, 2014 progress note, the applicant reported persistent complaints of knee and shoulder pain. A shoulder MRI was sought. The attending provider stated that he was selecting Duexis on the grounds that the applicant could not take nonselective NSAIDs such as Naprosyn owing to issues associated with GI upset which had resulted while the applicant was using Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis # 90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Comp. Pain procedure summary. Duexis (Ibuprofen and Famotidine) is not listed as a first-line drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, H2 antagonists such as famotidine are recommended in the treatment of NSAID-induced dyspepsia, as is present here. The attending provider has acknowledged that the applicant developed issues with dyspepsia while using Naprosyn, a nonselective NSAID. Introduction of Duexis, an amalgam of ibuprofen and famotidine, was therefore indicated on and around the date in question. Therefore, the request was/is medically necessary.