

<b>Case Number:</b>	CM14-0084942		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 52-year-old woman who sustained a work-related injury on December 17, 2013. Subsequently, she developed chronic bilateral hand and wrist pain. The patient was taken off of work as of January 30, 2014. She did undergo 12 physical therapy sessions, which helped some. X-rays were obtained and a diagnosis of extensor tendinitis was made. [REDACTED] recommended the use of wrist splints and provided her anti-inflammatory medication. He felt that by June 1, 2014, she would have reached maximal medical improvement. The patient states on April 28, 2014 she was released to return to her regular work activity. She attempted to work and after working 3 hours, she could no longer carry out that work activity. According to the follow-up report from May 6, 2014, the patient has been complaining of pain in bilateral wrists. The patient describes the symptom(s) as dull. The patient denies any weakness, any radiation of the wrist pain, numbness, and tingling. Examination of bilateral wrists revealed 1+ tenderness over the extensor tendons of the right wrist. There is definite synovial thickening and soft tissue swelling over the distal dorsum of the forearms and wrists. Tinel and Phalen tests are negative bilaterally. Sensation is intact. The wrists have full and equal range of motion. The patient was diagnosed with acute and chronic recurrent extensor tendinitis, right wrist; to a much lesser extent, left wrist. The patient's medications included Lisinopril and atenolol. The provider requested authorization for Duexis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800mg, #90 TID (three times daily): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** Duexis is a combination of Ibuprofen and Famotidine. According to MTUS guidelines, Famotidine is indicated when NSAIDs are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has a GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, the Duexis 800mg, #90 prescription is not medically necessary.