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| Case Number: | CM14-0087258 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 04/24/2009 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 05/23/2014 |
| Priority: | Standard | Application Received: | 06/10/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 57-year-old male with date of injury of 04/24/2009. The listed diagnoses per Dr. [REDACTED] dated 01/14/2014 are: status post right shoulder surgery x4 with chronic pain, right frozen shoulder, seizure disorder, depression. According to this report, the patient has had multiple right shoulder injuries including surgery. He rates his pain a 7/10. The physical examination shows peripheral joint full range of motion in the bilateral upper limbs except decreased at the right shoulder due to pain. Cervical spine had full range of motion. Manual muscle strength test in the bilateral upper limbs were 5/5 with normal tone. Sensation was intact to light touch and pinprick at the bilateral upper extremities except decreased at the right more than the left. Muscle stretch reflex was 2+ and symmetric in the bilateral upper limbs. Impingement sign was positive on the right shoulder. Tinel's and Phalen's test were positive at the right wrist. The Utilization Review denied the request on 05/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg po tid #90 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Duexis® (ibuprofen & famotidine) Not recommended as a first-line drug. Horizon Pharma recently announced the launch of Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. (FDA, 2012) Ibuprofen (eg, Motrin, Advil) and famotidine (eg, 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.

Decision rationale: This patient presents with right shoulder pain. The treater is requesting Duexis 800 mg quantity #90. The ODG on Duexis (Ibuprofen and Famotidine) states that it is not recommended as a first line drug. Duexis is a combination of Ibuprofen 800 mg and Famotidine 26.6 mg indicated for rheumatoid arthritis and osteoarthritis. With less benefit and higher cost, it would be difficult to justify using Duexis as a first line therapy. The report making the request is missing. In this case, ODG does not recommend Duexis as a first line treatment. Furthermore, there is no GI assessment. As such, the request is not medically necessary and appropriate.