

<b>Case Number:</b>	CM14-0094472		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Pain Management 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 46 year old with an injury date on 8/17/12. Patient complains of bilateral shoulder pain rated 4-5/10, bilateral elbow pain rated 5/10, bilateral wrist pain rated 8/10 and bilateral hand pain rated 7/10 per 4/24/14 report. Wrist pain is worsening per 3/18/14 report. Patient states that recent home exercise program has "mildly helped" pain per 4/24/14 report. Based on the 4/24/14 progress report provided by the treating physician, the diagnoses are: 1. upper extremity chronic region pain syndrome, bilateral 2. dupuytren's contracture to 2nd, 3rd, and 4th digit, bilateral Exam on 4/24/14 showed "limited range of motion of bilateral shoulders. Tenderness to palpation to hands, with tenderness/swelling in digits." No range of motion testing of hands/wrists were included in reports. Patient's treatment history includes medications (Gabapentin, Alprazolam, Norco, Xanax). The treating physician is requesting Duexis 800mg - 28.8mg tablet, 1 tablet three times a day as needed for 30 days #90. The utilization review determination being challenged is dated 5/20/14. The requesting physician provided treatment reports from 10/24/13 to 4/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800mg-28.8mg tablet, 1 tablet three times a day as needed for 30 days #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 23,64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation FDA labeled indication: DUEXIS

**Decision rationale:** This patient presents with bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, bilateral hand pain. The provider has asked for Duexis 800mg - 28.8mg tablet, 1 tablet three times a day as needed for 30 days #90. Review of the reports do not show any evidence of Duexis being taken in the past. Per FDA labeled indication, Duexis is a combination of the NSAID ibuprofen and the histamine H2-receptor antagonist famotidine indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers, which in the clinical trials was defined as a gastric and/or duodenal ulcer, in patients who are taking ibuprofen for those indications. The clinical trials primarily enrolled patients less than 65 years of age without a prior history of gastrointestinal ulcer. In this case, the patient presents with chronic upper extremity pain and a diagnosis of CRPS for which an NSAID such as Ibuprofen is indicated. However, there are no documentation of any GI issues such as GERD, gastritis or PUD for which a histamine H2-receptor antagonist such as Famotidine may be indicated. The provider does not explain why this combination NSAID/histamine H2-receptor antagonist is being prescribed. Recommendation is for denial.