

<b>Case Number:</b>	CM14-0126816		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/20/2004
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 injured worker is a 52 year old female, who sustained an industrial injury on 12/20/2004. She has reported subsequent neck, upper extremity and lower extremity pain and was diagnosed with chronic regional pain syndrome. Treatment to date has included oral, topical and injectable pain medication and spinal cord stimulator placement. In a progress note dated 04/15/2014, the injured worker complained of back and left lower extremity pain. The majority of the examination note is illegible. Requests for authorization of Duexis and Metroclopraid were made. On 08/08/2014, Utilization Review non-certified requests for Duexis and Metroclopraid, noting that there was no documentation of gastrointestinal risk factors, disease and or symptoms and that there was insufficient documentation to support the request for Metroclopraid. MTUS and ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800-26.6mg #60 tabs:** 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 (Ibuprofen & famotidine).

**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 Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk and Other Medical Treatment Guidelines Uptodate.com, NSAIDs (including aspirin): Primary prevention of gastroduodenal toxicity.

**Decision rationale:** Duexis is a combination of Famotidine is an H2 antagonist used for the treatment of stomach ulcers and gastroesophageal reflux and ibuprofen. MTUS states, "Determine if the patient is at risk for gastrointestinal events: (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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." Uptodate states regarding H2 antagonist for GI prophylaxis, "Standard doses of H2 receptor antagonists were not effective for the prevention of NSAID-induced gastric ulcers in most reports, although they may prevent duodenal ulcers [33]. Studies that detected a benefit on gastric ulcer prevention were short-term (12 to 24 weeks) and focused on endoscopic rather than clinical endpoints". The patient does not meet the age recommendations for increased GI risk. The medical documents provided establish the patient has experienced GI discomfort, but is nonspecific and does not indicate history of peptic ulcer, GI bleeding or perforation. Medical records do not indicate that the patient is on ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. Additionally, Up To Date suggests that H2 antagonist at this dose is not useful for to prevent ulcers. As such, the request for Duexis 800-26.6mg #60 tabs is not medically necessary.

**Metroclopraid 10mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guidelines.gov/content.aspx?id=16313&search=metoclopramide+and+reglan>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date Metoclopramide, Treatment of gastroparesis.

**Decision rationale:** Both the MTUS and ODG are silent on metoclopramide. This medication is approved for the treatment of diabetic gastroparesis, GERD and to prevent the nausea and vomiting associated with chemotherapy. This medication works by increasing peristalsis. Also, "Metoclopramide is approved by the US Food and Drug Administration (FDA) for treatment of gastroparesis for no longer than 12 weeks unless patients have a therapeutic benefit that outweighs the risks." In this case, the medical records fail to demonstrate gastroparesis. As such, the request for "Metroclopraid" metoclopramide 10mg #30 is not medically necessary.

