

Case Number:	CM14-0171977		
Date Assigned:	10/23/2014	Date of Injury:	06/15/2011
Decision Date:	01/12/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/17/2014

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 Internal 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 patient is an injured worker with a history of right knee injury. Date of injury was 6/15/11. The mechanism of injury was squatting. The patient injured the knee in 2011 and was treated with physical therapy. She had surgery in 2012 with postoperative. She worsened in November of 2013 and had physical examination evidence of meniscal tearing as well as a plica with pain and inflammation. Diagnostic work-up revealed right L5 radiculopathy and an MRI magnetic resonance imaging that showed a tear of the medial meniscus. The operative report dated September 19, 2014 documented the performance of arthroscopy with partial medial meniscectomy and limited excision of shelf plica synovectomy. The diagnosis was right knee medial meniscus tear. The progress report dated 3/17/14 documented a history of GERD gastroesophageal reflux disease. The progress report dated October 2, 2014 documented subjective complaints of moderate right knee pain with swelling in the knee since surgery. Objective findings were documented. The patient is alert and oriented, in no or minimal distress, and breathing comfortably during the exam. Skin was normal and the incisions are intact. There was no dependent or traumatic edema. Range of motion examination of the right knee is 5 extension to 90 degrees flexion. The contralateral knee has full motion, no instability and normal strength. Foot warmth, color, and capillary refill are normal. On neurological foot examination, sensation is subjectively normal to light stroke testing. Treatment plan included physical therapy and Duexis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800 - 26.6 mg, thirty counts: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Duexis (Ibuprofen / Famotidine) <http://www.drugs.com/duexis.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. No recent blood pressure measurements were present in the medical records. MTUS guidelines recommend monitoring of blood pressure for NSAID use. Medical records indicate long-term NSAID use, which is not recommended by MTUS. Long-term NSAID use is not recommended by MTUS. Medical records indicate a history of GERD gastroesophageal reflux disease. Per MTUS, NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Duexis contains a combination of Famotidine and Ibuprofen. Ibuprofen is an NSAID. Medical records do not support the use of NSAIDs such as Ibuprofen. MTUS and FDA guidelines do not support the use of Duexis, which contains Ibuprofen (NSAID). Therefore, the request for Duexis 800 - 26.6 mg, thirty counts is not medically necessary.