

<b>Case Number:</b>	CM14-0182109		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	06/10/1998
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 68 year old male with an industrial injury. The injury date is documented as 1989. His assessment/diagnosis is post-laminectomy syndrome, lumbar region. He has been treated with physical therapy, chiropractic, TENS, massage, epidurals, MRI and medications. In the progress note dated 10/14/2014 the injured worker presented with complaints of left knee, low back and neck pain. He states medication allows him to complete activities of daily living. Physical exam revealed facet pain with extension and rotation of the lumbar spine. The treating physician was requesting refill of medications to include Duexis which is for review.

### 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, ninety count with two refills:** 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), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guideline pain chapter: Duexis® (ibuprofen & famotidine).

**Decision rationale:** Records indicate the patient has chronic complaints of left knee pain, low back and neck pain. The current request is for Duexis 800mg 26.5mg, ninety count with 2 refills. The current request is for Duexis (Ibuprofen-Famotidine) 800mg-26.6 mg tablets, 90 tablets, refills: 2. The MTUS and ACOEM Guidelines do not address Duexis; however, ODG Guidelines states "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." MTUS also does not recommend routine use of PPI's for prophylactic use without a proper GI risk assessment. In this case, the review of the provided reports do not show GI risk assessment and subjective complaints do not include GI symptoms. Prophylactic use of PPIs are not recommended. Additionally, First line treatment with Duexis is not recommended. The available medical records this request is not medically necessary. As such, recommendation is for denial.