

<b>Case Number:</b>	CM14-0186078		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	05/02/2014
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 24 year old female who sustained an industrial injury on October 6, 2014. She has reported pain of her left wrist and has been diagnosed with wrist arthralgia and wrist sprain/strain other. Treatment to date has included ice, heat, home exercise program, medications, and modified work duty. Currently the injured worker complains of tenderness of the left dorsal wrist. The treatment plan included medications and modified work duty. On October 20, 2014 Utilization Review non certified Duexis (ibuprofen-famotidine) dosage 800-26.6 mg # 90 refills 2 citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis (Ibuprofen-famotidine) dosage 800-26.6mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation ODG Online Pain Chapter Duexis

**Decision rationale:** The patient presents with left wrist pain. The current request is for Duexis (Ibuprofen-Famotidine) dosage 800-26.6mg #90. The treating physician states, "The patient currently complains of intermittent left wrist pain. She also has pain in her right arm and wrist, shoulder, and elbow from a separate work related condition." (B.11) The diagnoses are listed as: wrist arthralgia and wrist sprain/strain. The MTUS guidelines support Ibuprofen for osteoarthritis and mild to moderate pain. The MTUS guidelines do not specifically address Duexis. The ODG guidelines state, "Not recommended as a first-line drug." In this case the treating physician has prescribed Duexis as a first-line drug and there is no documentation of any dyspepsia or GI complaints to warrant a prescription of an H-2 antagonist. The current request is not medically necessary and the recommendation is for denial.