

<b>Case Number:</b>	CM14-0193867		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	06/06/2001
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Occupational 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:

This is a 45-year-old male with a 6/6/01 date of injury to the low back. The patient was most recently seen on 10/27/14 with complaints of low back pain, 4-9/10, and constipation but denied nausea, vomiting, hematemesis, hematochezia, melena, and abdominal pain. The patient was noted to be on Duexis, hydrocodone, ibuprofen 800 mg TID, and Adderall. Exam findings revealed a positive straight leg raise bilaterally, normal strength in the lower extremities, bilateral lumbar spasm, and decreased sensation in the left lower extremity. The patient noted some GI upset so the plan was to start Duexis and D/C the ibuprofen. The diagnosis is L spine facet arthropathy and stenosis, discogenic spine pain, and failed back surgery syndrome. Treatment to date: PT, medications, and work restrictions. The UR decision dated 10/23/14 denied the request, as there was no evidence the patient had failed a trial of NSAIDS with a proton pump inhibitor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800-26.6mg Quantity: 90 for 30 day supply (x2 Refills): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter-Duexis) Other Medical Treatment Guideline or Medical Evidence: FDA (Duexis)

**Decision rationale:** My rationale for why the requested treatment/service is or is not medically necessary: California MTUS states that non-steroidal anti-inflammatory drugs (NSAIDs) are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Duexis is a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. Official Disability Guidelines (ODG) states this medication is not recommended as a first-line drug (FDA, 2012) Ibuprofen (eg, Motrin, Advil) and famotidine (eg, Pepcid) are also available in multiple strengths OTC, and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDs. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy. In addition, the FDA states that Duexis is indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers. This patient had some GI upset on chronic NSAIDs. There is no indication this patient has tried his ibuprofen in conjunction with a proton pump inhibitor such as omeprazole, or has failed such a trial. Thus, the rationale for Duexis is unclear. Therefore, the request for Duexis 800-26.6mg Quantity: 90 for 30 day supply (times two refills) was not medically necessary.