

Case Number:	CM14-0203596		
Date Assigned:	12/16/2014	Date of Injury:	01/20/2010
Decision Date:	02/11/2015	UR Denial Date:	11/27/2014
Priority:	Standard	Application Received:	12/05/2014

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:

The applicant is a represented [REDACTED] [REDACTED] employee who has a filed a claim for chronic hand, wrist, and finger pain reportedly associated with an industrial injury of January 20, 2010. In a Utilization Review Report dated November 22, 2014, the claims administrator failed to approve a request for Duexis. RFA form dated November 13, 2014 and October 3, 2014, August 29, 2014, and July 23, 2014 were referenced, along with a progress note dated October 13, 2014. In a medical-legal supplemental report dated August 18, 2014, the applicant was described as status post right carpal tunnel release, left carpal tunnel release, and right trigger thumb surgery. On November 13, 2014, the applicant reported 7/10 low back, wrist, and shoulder pain. The applicant posited that usage of Duexis and Norco were helping her to get up out of bed in the morning. An ergonomic evaluation and physical therapy were sought. The applicant was reportedly working with a 10-pound lifting limitation in place. The attending provider then stated that the pain medications were helping the applicant to maintain successful return to work status and perform unspecified activities of daily living. There was no mention of issues of reflux, heartburn, and/or dyspepsia on this occasion. On October 30, 2014, the applicant reported 7 to 8/10 multifocal complaints of neck, elbow, hand, and wrist pain. The applicant was reportedly working modified duty while using Norco and Soma. Physical therapy and a 10-pound lifting limitation were endorsed. There was no mention of issues with reflux, heartburn, and/or dyspepsia on this occasion, either. On July 23, 2014, the applicant reported ongoing complaints of neck, wrist, shoulder, and upper extremity pain. It was again stated that the applicant was working. Norco and Soma were endorsed while the applicant was asked to discontinue Flexeril. A 10-pound lifting limitation was renewed. Once again, there was no mention of issues with reflux, heartburn, and/or dyspepsia. A June 18, 2014 progress note likewise contained no mention of issues with reflux, heartburn, and/or dyspepsia. An applicant's

statement dated May 29, 2014 was notable for issues with thumb pain, wrist pain, elbow pain, shoulder pain, lower back pain, and upper back pain. Again, there was no mention of dyspepsia on this occasion. A progress note of August 29, 2014 was notable for comments that the applicant was using Norco and Soma, owing to multifocal complaints of elbow, neck, and shoulder pain. Once again, however, there was no mention of issues with reflux or heartburn evident on this date. A medical-legal evaluation of May 29, 2014, likewise contained no explicit references to issues with reflux or heartburn. The applicant's review of systems was reportedly negative. The applicant was using Flexeril and Duexis as of this point in time. The medical-legal evaluator stated that the applicant had not returned to work at this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Library of Medicine, Ibuprofen/Famotidine (Duexis), Prescription drug

Decision rationale: Duexis, per the National Library of Medicine (NLM), is an amalgam of ibuprofen, an anti-inflammatory medication, and famotidine, an H2 antagonist. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as famotidine are indicated to combat issues with NSAID-induced dyspepsia. In this case, however, multiple progress notes and medical-legal reports, interspersed throughout 2014, contained no explicit references at issue with reflux, heartburn, and/or dyspepsia, either non-steroidal anti-inflammatory drug (NSAID)-induced or stand-alone. Therefore, the request is not medically necessary.