

<b>Case Number:</b>	CM14-0208249		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Physical Medicine Rehabilitation, has a subspecialty in Pain 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 injured worker is a 36 year-old female with an original date of injury on 8/1/2013. The industrially related diagnoses are left leg radiculopathy, L4-5 annular tear/mild bulge, and mild lateral recess stenosis at L4-L5. A MRI of the lumbar spine on 10/14/2014 showed posterior disc bulges of 4mm at the narrowed L2-3 level, 3-4mm at L3-4 and L4-5, mild neural foraminal narrowing on the left at the L4-5 and on the right at L5-S1. The patient has had treatment with Ultram, tylenol with codeine, and Fexmid. The patient also has had chiropractic therapy and acupuncture without significant improvement. The disputed issue is the request for Duexis quantity of 90 tablets. A utilization review dated 11/24/2014 has non-certified this request. The stated rationale for denial was this medication is not recommended as a first-line drug. In this case, the patient complains of lower back pain with numbness and tingling radiating to the left buttock. Official Disability Guidelines categorize Duexis as an "N" drug class. There is no documentation of failure of "Y" drugs in this class and documentation indicating this medication is more beneficial to the claimant than a "Y" drug on the Official Disability Guidelines formulary. In addition, there is no indication that Duexis is more effective than when taken as ibuprofen and famotidine separately. Therefore, this request is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis #90 (unspecified strength): 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 procedure summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** Duexis is a drug that contains famotidine, a H2 blocker, and ibuprofen. Regarding the request for famotidine, California MTUS states that H2 receptor antagonists are appropriate for the treatment of dyspepsia secondary to NSAID therapy. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use or another indication for this medication. There is no documentation that the patient could not use ibuprofen alone due to gastrointestinal side effects or if ibuprofen has even been tried as the 1st line treatment. In light of the above issues, the currently requested of combination medication of famotidine and ibuprofen (Duexis) is not medically necessary.