MAXIMUS Federal Services

Case Number:	CM15-0103449		
Date Assigned:	06/05/2015	Date of Injury:	10/11/2004
Decision Date:	07/07/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/29/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old male, who sustained an industrial injury on October 11, 2004. The mechanism of injury was not provided. The injured worker has been treated for right knee complaints. The diagnoses have included status post right knee arthroscopy, meniscectomy and chondroplasty (01/24/2006), status post right knee arthroscopy, meniscectomy and chondroplasty (12/04/2006), deep vein thrombosis status post right knee surgery and possible low back pain with radiation. Documented treatment to date has included medications, a home exercise program and two right knee surgeries. Current documentation dated April 20, 2015 notes that the injured worker reported low back pain and right knee pain. The pain was aggravated with prolonged walking. Medications included Norco and Duexis for pain. The injured worker noted functional improvement and improvement in pain with the current medication regime. The pain was rated a four out of ten on the visual analogue scale with medications. Examination of the lumbar spine revealed tenderness and a decreased range of motion. The treating physician's plan of care included a request for Duexis 800/26.6 mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg #60, refill: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (onsteroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71. Decision based on Non-MTUS Citation Duexis prescribing information.

Decision rationale: The claimant sustained a work injury in October 2004 and continues to be treated for low back and right knee pain. His past medical history includes hypertension, elevated cholesterol, and a right lower extremity DVT. When seen, medications were providing pain relief with improved activities of daily living and improved sitting, standing, and walking tolerances. There was lumbar spine tenderness with decreased range of motion. He had decreased right knee range of motion with medial joint line tenderness and swelling. Duexis is a combination of ibuprofen 800 mg and famotidine 26.6 mg. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Dosing of ibuprofen should not exceed 3200 mg/day. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. He is taking a non-steroidal anti-inflammatory medication at a dose consistent with guideline recommendations. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend that an H2-receptor blocker such as famotidine which is a component of Duexis be prescribed. Therefore, it was not medically necessary.