

Case Number:	CM15-0108494		
Date Assigned:	06/15/2015	Date of Injury:	02/29/2008
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/05/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 02/29/2008. He has reported injury to the neck and bilateral shoulders. The diagnoses have included degenerative disc disease of the cervical spine; and status post rotator cuff tears bilateral shoulders. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, surgical intervention, and home exercise program. Medications have included Naprosyn and Duexis. A progress note from the treating physician, dated 03/24/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of ongoing pain to both shoulders and to the left side of his neck; the pain can be as high as 5-6/10 on a 1-10 pain scale; he continues with the use of his medications, TENS unit, and home exercise; these allow him to better perform his activities of daily living and achieve tolerable sleep; and this would be difficult without the use of medications. Objective findings included decreased and painful range of motion to the anterior joint line on the right and subacromial area on the left; and he has a negative Neer's and negative drop test bilaterally. The treatment plan has included the request for Duexis 800/26.6 mg, quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs) Page(s): 67-68, 72. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Duexis (Ibuprofen & famotidine).

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

Decision rationale: Duxeis contains an NSAID and an H2 blocker for GI symptoms. According to the guidelines it is to be used for those with GI risk factors such as bleeding or perforation risk similar to those who would need a PPI. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The H2 blocker is not specified by the guidelines for such use. Furthermore, NSAIDS are recommended 2nd line use after Tylenol. In addition, the claimant had been on Naproxen along with Duexis and there is no indication for combined use of both medications. The continued use of NSAIDs with H2 blocker such as Duexis is not medically necessary.