

<b>Case Number:</b>	CM15-0134085		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	03/28/2013
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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 47 year old male, who sustained an industrial injury on 3/28/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having joint pain in the hand and forearm. Right wrist magnetic resonance imaging showed the distal radial fracture is completely healed and ulnar styloid nonunion. Treatment to date has included 2 right wrist surgeries, therapy and medication management. In a progress note dated 6/11/2015, the injured worker complains of diffuse and nonspecific pain in the right wrist and scar sensitivity. Physical examination showed the right wrist has near full range of motion. The treating physician is requesting Duexis 800/26.6mg 1 tablet by mouth every 8 hours as needed, quantity 90 with two refills and Lidoderm 5% patch x 3 month supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800/26.6mg 1 tablet by mouth every 8 hours as needed, quantity 90 with two refills:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102.

**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 March 2013 and underwent ORIF of a right distal radius fracture. He underwent hardware removal in February 2015. He continues to be treated for right wrist pain. When seen, imaging results were reviewed. His fracture had healed. He was having diffuse and non specific pain. There was nearly full range of motion. He had sensitivity over the surgical scar. 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.

**Lidoderm 5% patch X 3 month supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Agents Page(s): 143.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch) (2) Topical Analgesics Page(s): 56-57, 111-113.

**Decision rationale:** The claimant sustained a work injury in March 2013 and underwent ORIF of a right distal radius fracture. He underwent hardware removal in February 2015. He continues to be treated for right wrist pain. When seen, imaging results were reviewed. His fracture had healed. He was having diffuse and non specific pain. There was nearly full range of motion. He had sensitivity over the surgical scar. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm was not medically necessary.