MAXIMUS Federal Services

Case Number:	CM15-0135981		
Date Assigned:	07/24/2015	Date of Injury:	06/04/2008
Decision Date:	09/24/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/14/2015

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: 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 47 year old female, who sustained an industrial injury on 6/4/2008. The mechanism of injury is not indicated. The injured worker was diagnosed as having right knee degenerative joint disease. Treatment to date has included physical therapy, occupational therapy, medications, and home exercise program. The request is for Duexis 800/26/6 mg #90. Several pages of the medical records have handwritten information which is difficult to decipher. On 1/29/2015, she complained of pain to the right knee. She is noted to have had physical therapy, home exercise program, non-steroidal anti-inflammatory drugs and cortisone injections. The treatment plan included: surgery and post-operative physical therapy. Her work status is noted to be as previous. On 2/23/2015, she had continued knee pain after conservative treatment with physical therapy, occupational therapy, home exercise program and non-steroidal anti- inflammatories. She is positive for crepitation and pain in the knee. The treatment plan included: a second opinion. On 4/10/2015, she had continued knee pain that she indicated to be increased with activity. The treatment plan included: surgery and her return to work status is noted "as previous".

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 per 6/30/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, Duexis (ibuprofen and famotidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs for chronic pain Page(s): 67-69.

Decision rationale: This patient receives treatment for chronic R knee pain. The medical diagnosis is degenerative joint disease. This relates back to an industrial injury claim dated 06/04/2008. This review addresses a request for Duexis 800/26.6 #90. Duexis contains ibuprofen 800 mg and famotidine 26.6 mg. Ibuprofen is an NSAID and famotidine is an H2-receptor blocker. This combination drug is marketed for patients who need an NSAID and require GI protection. The patient had a knee MRI on 06/30/2014 which showed advanced degenerative changes in 3 compartments, but no meniscus tear. On exam the McMurray's test was positive and there was tenderness to palpation of the medial joint line. The famotidine component of Duexis may be medically indicated to prevent the gastrointestinal harm that some patients experience when taking NSAIDS. These adverse effects include GI bleeding or perforation. Patients over age 65, patients with a history of peptic ulcer disease, and patients taking aspirin are also at high risk. The documentation does not mention these risk factors. In addition, NSAIDs are recommended as one of the treatment options for the short-term management of knee pain. In the clinical setting of chronic knee pain, NSAIDs are best suited to treat exacerbations of chronic pain. Long-term NSAID use is associated with complications, which include delayed healing of soft tissues, GI bleeding, and exacerbations of chronic kidney disease and heart failure. Ongoing use of Duexis is not medically necessary.