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| <b>Case Number:</b>   | CM15-0141134 |                              |            |
| <b>Date Assigned:</b> | 07/30/2015   | <b>Date of Injury:</b>       | 09/03/2014 |
| <b>Decision Date:</b> | 08/28/2015   | <b>UR Denial Date:</b>       | 07/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/20/2015 |

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 59 year old male who sustained an industrial injury on 09-03-2014. Mechanism of injury occurred in his duties as a mail carrier, when he was carrying a box on his right shoulder weighing about 35 to 40 pounds, and when he woke up the next day he experienced right shoulder pain with use of his arm. Diagnoses include right shoulder sprain-strain, rotator cuff tear, and status post right shoulder arthroscopy with subacromial decompression, right distal clavicle resection and post right rotator cuff repair on 03-16-2015, and cervical spine strain and sprain. Comorbid diagnoses include diabetes, hypertension, gastro-esophageal reflux disease, and morbid obesity. Treatment to date has included diagnostic studies, medications, physical therapy, heat, ice and compression modalities, and a home exercise program. He is temporarily disabled. A Magnetic Resonance Imaging of the cervical spine done on 11-28-2014 showed multiple levels of facet arthropathy with mild foraminal stenosis, high grade foraminal stenosis with facet arthrosis at C4-C5, and discogenic spondyloarthropathy of C5-6 with moderate central canal stenosis, cord impingement and bilateral foraminal stenosis. A physician progress note dated 07-01-2015 documents the injured worker has continued localized right shoulder and upper arm pain. Mobility is improved. He has pain after therapy and difficulty with his home exercise program due to pain. He has difficulty sleeping due to pain. He has subacromial tenderness present in the right shoulder. Range of motion is abduction of 0- 150 degrees; active external rotation is 0-60 degrees; active internal rotation is 0-60 degrees; active forward flexion of 0-150 degrees; and active extension is 0-30 degrees. He complains of pain in his neck and minimal stiffness. He also reports that he has weakness and experience occasional

numbness and radiating pain at the right upper extremity which he feels is from the cervical spine as well as the right shoulder. He rates this pain as a 3-4 out of 10. On examination cervical rotation and lateral bend is restricted in both the right and left. Treatment requested is for Duexis 800/26.6 mg, sixty count.

### **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, sixty count: 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI and Other Medical Treatment Guidelines <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a687011.html>.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Duexis 800/26.6mg #60 is not medically necessary. Duexis is a combination of ibuprofen and famotidine. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured workers working diagnoses are rotator cuff sprain and strain. The date of injury is September 3, 2014. The request for authorization is July 6, 2015. According to a July 1, 2015 progress note the injured worker status post right shoulder arthroscopy three months prior. The injured worker is receiving physical therapy. The medication section states the injured worker is not taking any current medications. There is no past medical history or risk factor for gastrointestinal events. Objectively, there is subacromial tenderness. Supraspinatus and infraspinatus muscle strength is 4/5. The documentation enumerates potential adverse effects of anti-inflammatory medications. As noted above, there are no comorbid or risk factors for gastrointestinal events. There is no clinical indication for an H2 receptor blocker or proton pump inhibitors. As noted above, the documentation states the injured worker is not taking any medications. There is no discussion or clinical rationale Duexis 800/26.6mg. There is no clinical rationale for combination non-steroidal anti-inflammatory drugs and H2 receptor blocker. Consequently, absent clinical documentation with the clinical indication and rationale for a combination non-steroidal anti-inflammatory drug and H2 receptor blocker, comorbid conditions or risk factors for gastrointestinal events and documentation indicating the injured worker is not currently taking any medications, Duexis 800/26.6mg #60 is not medically necessary.