

Case Number:	CM15-0147703		
Date Assigned:	08/10/2015	Date of Injury:	06/18/2005
Decision Date:	09/04/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female who sustained an industrial injury on February 14, 2008. A primary treating office visit dated June 30, 2015 reported subjective complaint of having been off from work for the past week with the flu and joint pain in the shoulders. The shoulders have a sharp pain in the joint radiating to the neck. She is unable to lift high or sleep on her sides secondary to the shoulder pain. Her wrists have sharp pain with numbness, worse now. She utilizes a transcutaneous nerve stimulator unit treating the shoulders and wears a right wrist brace. There is mention of a consult with recommendation to participate in a course of physical therapy. Previous trialed treatment to include: activity modification, medications, massage, acupuncture, chiropractic care and acupuncture. Medications consist of: Exalgo, Norco 10mg 325mg, and Duexis. The assessment found the worker with right carpal tunnel syndrome, right supraspinatus full thickness tear, chondral loss and degenerative labrum; left shoulder rotator cuff tendinosis, articular cartilage, degenerative changes and subcromial stenosis, and chronic pain on Opiate control, by another provider for knee injury. Diagnoses applied: pain in joint shoulder region; carpal tunnel syndrome; full thickness rotator cuff tear; disorders of bursae and tendons in shoulder region, and osteoarthritis, localized, primarily shoulder. The plan of care noted continue with consulting physician for both shoulder and hand, and pain management with possibility of tapering off medications; return to full work duty; continue Duexis, Exalgo, Norco, and may apply ice as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis Qty: 100.00: 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), Pain (Chronic) - Duexis (Ibuprofen & Famotidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22; Section on NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: The medication Duexis contains both Ibuprofen (NSAID) and Famotidine (histamine H2 antagonist) combination. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAIDs functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAID is a second line medication after use of acetaminophen especially in light of side effects of blood pressure issues and decreased efficacy as noted by the provider and patient. Famotidine is a medication is for treatment of the gastric and duodenal ulcers, erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for this medication namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Duexis Qty: 100.00 are not medically necessary and appropriate.