

Case Number:	CM15-0148571		
Date Assigned:	08/11/2015	Date of Injury:	05/09/2013
Decision Date:	09/09/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/30/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 43-year-old female, who sustained an industrial injury on 5-9-13. She reported left knee pain. The injured worker was diagnosed as having left knee pain secondary to meniscus tear, degenerative arthritis, and chondromalacia. Other diagnoses included degenerative lumbar disc disease with possible radiculopathy, morbid obesity, chronic pain syndrome, gait instability, and right shoulder pain rule out rotator cuff tear or frozen shoulder. Treatment to date has included aqua therapy, physical therapy, the use of a cane, the use of a knee brace, and medication. The injured worker had been taking Duexis since at least 4-29-15. Currently, the injured worker complains of pain in the left knee, right shoulder pain, right upper extremity pain, and low back pain. The treating physician requested authorization for Duexis 800mg #60 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg #60 with 4 refills: 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 Chapter Duexis (Ibuprofen & Famotidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Duexis is a combination of Ibuprofen and Famotidine. According to MTUS guidelines, Famotidine is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Duexis 800mg #60 with 4 refills prescription is not medically necessary.