

Case Number:	CM15-0149512		
Date Assigned:	08/12/2015	Date of Injury:	02/03/2014
Decision Date:	09/14/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/31/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and hand pain reportedly associated with an industrial injury of February 3, 2014. In a Utilization Review report dated July 16, 2015, the claims administrator failed to approve a request for Duexis. The claims administrator referenced an April 28, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said April 28, 2015 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck pain with associated upper extremity paresthesias. The applicant was severely obese, with BMI of 40. The attending provider stated that he would furnish the applicant with samples of Duexis. The attending provider stated that he wished to provide the applicant with a medication, which did not generate any aggravation upon the applicant's digestive symptoms. There was, however, no explicit mention of the applicant's having previously experienced symptoms of reflux on this date. It was not explicitly stated whether the applicant had been previously provided Duexis or not. In a February 24, 2015 medical-legal evaluation, the applicant explicitly denied issues with indigestion, dysphagia, abdominal pain, ulcers or nausea. Motrin was the only medication the applicant was using, it was reported. On April 3, 2015, the applicant's primary treating provider (PTP), acknowledged that the applicant had not worked since being terminated on April 17, 2014. The applicant's past medical history was described as unremarkable. Duexis was endorsed on this date. The attending provider framed the request for Duexis as a renewal request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg quantity: 60 with 1 refill: 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), Integrated Treatment / Disability Duration Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; NSAIDs, GI symptoms & cardiovascular risk Page(s): 7; 69. Decision based on Non-MTUS Citation National Library of Medicine Ibuprofen/Famotidine (Duexis).

Decision rationale: No, the request for Duexis was not medically necessary, medically appropriate, or indicated here. Duexis, per National Library of Medicine (NLM), is an amalgam of ibuprofen, an anti-inflammatory medication, and famotidine, and H2 antagonist. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonist such as famotidine can be employed in the treatment of NSAID-induced dyspepsia, here, however, there is no explicit mention of the applicant having issues with heartburn, reflux, and/or dyspepsia, either NSAID-induced or stand-alone, on Doctor's First Report (DFR) of April 2, 2015, Qualified Medical Evaluation (QME) of February 24, 2015 or progress note of April 28, 2015. The medical-legal evaluator reported on February 24, 2015 that the applicant explicitly denied any gastrointestinal issues in the review of systems section of her note. The primary treating provider reported on April 2, 2015 that the applicant's past medical history was unremarkable. It did not appear, thus, that the applicant had issues with reflux, heartburn, and/or dyspepsia for which usage of Duexis (ibuprofen-famotidine) would have been indicated. The applicant went to receive Duexis, it was incidentally noted, as the primary treating provider reported on April 2, 2015 that he was renewing previously prescribed Duexis. However, both page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guideline stipulates that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability, it was acknowledged on the date in question, April 28, 2015, suggesting a lack of functional improvement as defined in MTUS 9792.20e, despite the ongoing usage of Duexis. The attending provider's April 28, 2015 progress note failed to identify quantifiable decrements in pain or meaningful, material improvements (if any) effected as a result of ongoing Duexis usage. Therefore, the request is not medically necessary.