

<b>Case Number:</b>	CM15-0162657		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	11/13/2002
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 59 year old female, who sustained an industrial injury on November 13, 2002. The injured worker was diagnosed as having lumbar disc bulge, right knee meniscal degeneration, chronic anterior cruciate ligament (ACL) tear and chondromalacia. Treatment to date has included magnetic resonance imaging (MRI), medication and transforaminal epidural steroid injection (TESI). A progress note dated July 23, 2015 provides the injured worker complains of back, hip and knee pain. She reports 50% relief of back and left leg pain since transforaminal epidural steroid injection (TESI) on July 17, 2015. She continues to have hip, knee and ankle pain. Physical exam notes lumbar pain with flexion. Magnetic resonance imaging (MRI) in June 2015 reveals chronic anterior cruciate ligament (ACL) tear and chondromalacia of the right knee. The request dated July 29, 2015 includes physical therapy, right knee brace, Lidoderm patch, Duexis, Oxycodone and Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis tab 800/26.6 mg #60 (30 day supply): 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. There is no documentation that the patient have a history of GI disease and failed the prescription of Ibuprofen and Famotidine separately. There is no controlled studies supporting the superiority of Duexis to Ibuprofen an Famotidine prescribed separately. 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 have 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/26.6 #60 prescription is not medically necessary.