

<b>Case Number:</b>	CM15-0167919		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	01/10/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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, Hawaii

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 63 year old female, who sustained an industrial injury on January 10, 2014. She reported a twisting injury to her right shoulder. The injured worker was currently diagnosed as having rotator cuff tear of the right shoulder, status post surgical repair with poor result. Treatment to date has included diagnostic studies, surgery, exercise and physical therapy. On August 10, 2015, the injured worker complained of marked pain and weakness of her right shoulder. Symptoms were noted to be exacerbated by overhead activities. She was noted to have weakness to external rotation and evidence of impingement syndrome. The treatment plan included a new MRI arthrogram of the right shoulder, urine toxicology screening and physical therapy. A request was made for Duexis 800-26.6mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800-26.6mg, #90 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG, Pain Chapter, Duexis.

**Decision rationale:** The patient presents with right thumb and right thenar pain. The current request is for Duexis 800-26.6mg #90 with 5 refills. The treating physician's report dated 07/07/2015 (25B) does not discuss the rationale behind the request. The patient does not have a history of Duexis use. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines on under the Pain chapter on Duexis (ibuprofen and famotidine) states that it is not recommended as a first line drug. Duexis is a combination of ibuprofen 800 mg and famotidine 26.6 mg indicated for rheumatoid arthritis and osteoarthritis. With less benefit and higher cost, it would be difficult to justify using Duexis as a first line therapy. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: 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." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, MTUS does not recommend the routine use of PPI's for prophylactic use without a proper GI risk assessment. Review of the provided reports do not show GI risk assessment. First line treatment with Duexis is also not recommended. The current request is not medically necessary.