

Case Number:	CM15-0169148		
Date Assigned:	09/09/2015	Date of Injury:	04/10/2006
Decision Date:	10/14/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/27/2015

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, Illinois

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 injured worker is a 51 year old female, who sustained an industrial injury on 4-10-2006. The mechanism of injury was not provided. The injured worker was diagnosed as having hand- and wrist tenosynovitis, trigger finger and carpal tunnel syndrome. A recent progress report dated 7-23-2015, reported the injured worker complained of stiffness and soreness at the base of the thumbs, worse on the right. Physical examination revealed metacarpophalangeal and metacarpal joints on bilateral thumbs, pain on stressing the metacarpophalangeal joints and decreased pinch strength and grip strength. The injured worker states that since her NSAIDs (non-steroidal anti-inflammatory drug) have been denied her ability to perform her activities of daily living and exercises is diminished significantly. Radiology studies were not provided. Treatment to date has included thumb splints, hand exercises and NSAIDs (non-steroidal anti-inflammatory drug) since at least January 2015. The physician is requesting a new medications-Duexis 800-26.6mg with 3 refills and samples were given. The Request for Authorization was not included in the documentation provided. On 8-26-2015, the Utilization Review non-certified the request, citing Official Disability Guidelines-TWC, stating using Duexis as a first line therapy is not justified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg with 3 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 - TWC Pain Procedure Summary, Online Version, Duexis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Duexis (ibuprofen & famotidine).

Decision rationale: The injured worker sustained a work related injury on 4-10-2006. The medical records provided indicate the diagnosis of hand- and wrist tenosynovitis, trigger finger and carpal tunnel syndrome. Treatments have included thumb splints, hand exercises and NSAIDs (non-steroidal anti-inflammatory drug) since at least January 2015. The medical records provided for review do not indicate a medical necessity for Duexis 800/26.6mg with 3 refills. The medical records indicate the injured worker had been treating with various types of NSAIDs at least since 01/2015, but later the NSAIDs were denied, and as a result her doctor gave her samples of Duexis. Duexis is a medication containing ibuprofen and Famotidine. The MTUS recommends the use of the lowest dose of NSAIDs for the shortest period in patients with moderate to severe pain. Also, the MTUS recommends that clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age over 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 Aspirin. There is no evidence from the medical records that the injured worker has gastrointestinal risk; furthermore, while the MTUS is silent on Duexis, the Official Disability Guidelines does not recommend Duexis as first line agent. Therefore the request is not medically necessary.