

Case Number:	CM15-0180391		
Date Assigned:	09/22/2015	Date of Injury:	11/07/2013
Decision Date:	10/30/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/14/2015

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 44 year old female, who sustained an industrial injury on November 7, 2013, resulting in pain or injury to the right hand and wrist. A review of the medical records indicates that the injured worker is undergoing treatment for status post right forearm surgery with persistent complaints of pain, chronic right elbow and shoulder pain, and status post right wrist surgery with persistent complaints of pain. On August 18, 2015, the injured worker reported pain rated 6-7 out of 10 on average and 8 out of 10 at its worse. The Primary Treating Physician's report dated August 18, 2015, noted the injured worker's symptoms unchanged. The right wrist showed tenderness in the volar and dorsal aspect with extension, flexion, ulnar deviation, and radial deviation. The elbow was noted to show supination and pronation decreased by 10 degrees. The right shoulder was noted to show tenderness anteriorly and laterally with flexion and abduction, internal and external rotation, adduction, and extension, with tenderness in the bicipital groove. Prior treatments have included at least 12 sessions of occupational therapy, physical therapy, right hand surgery, and medication. The treatment plan was noted to include Duexis for pain, and a home exercise program (HEP). The injured worker was instructed to return to modified duty with light duty with the right upper extremity. The request for authorization dated August 19, 2015, requested Duexis 800/26.6mg #60 with 1 refill. The Utilization Review (UR) dated August 26, 2015, did not approve the request for Duexis 800/26.6mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Pain, Duexis.

Decision rationale: The patient presents with pain affecting the right shoulder, elbow, forearm and wrist. The current request is for Duexis 800/26.6mg #60 with 1 refill. The treating physician report dated 8/18/15 (190B) states, "Duexis 800 mg/26.6 mg one tablet b.i.d p.r.n. for pain #60 with 1 refill." The MTUS and ACOEM Guidelines do not address Duexis. The ODG Guidelines state, "Not recommended as a first-line drug. Horizon Pharma recently announced the launch of Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis." MTUS also does not recommend routine use of PPI's for prophylactic use without a proper GI risk assessment. In this case, there was no documentation provided of any GI risk assessment, indication that the patient was at risk for gastrointestinal events nor was there any documentation of dyspepsia. The current request does not satisfy MTUS guidelines as outlined on pages 68-69. Furthermore, first line treatment with Duexis is also not recommended. The current request is not medically necessary.