

Case Number:	CM15-0182671		
Date Assigned:	09/23/2015	Date of Injury:	04/16/2015
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/16/2015

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:

This is a 58 year old female with a date of injury of April 16, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain, degenerative lumbar disc, lumbar facet joint syndrome, sciatica, spinal stenosis, spondylolisthesis, left knee pain, left ankle pain, left elbow pain, and left wrist pain. Medical records dated July 1, 2015 indicate that the injured worker complains of pain in the thoracic spine bilaterally, lower back pain bilaterally radiating down to the left lower extremity, and pain rated at a level of 8 to 9 out of 10. A progress note dated August 26, 2015 notes subjective complaints of intermittent left ankle pain with bruising, left knee pain, difficulty sleeping due to pain, and pain rated at a level of 9 out of 10. Per the treating physician (August 12, 2015), the employee has not returned to work. The physical exam dated July 1, 2015 reveals an antalgic gait, difficulty arising from a chair, tenderness over the lumbar paraspinal muscles from L4-5 to L5-S1 bilaterally, limited active range of motion of the lumbar spine, tenderness over the medial joint line on the left, and tenderness over the left lateral epicondyle and lateral wrist. The progress note dated August 26, 2015 documented a physical examination that showed antalgic gait, difficulty arising from a chair, very tender over the lumbar paraspinal muscles from L4-5 to L5-S1 bilaterally, limited active range of motion of the lumbar spine, very tender over the medial joint line on the left, very tender over the left lateral epicondyle and lateral wrist, tenderness over the left lateral ankle, and limited active range of motion of the ankle. Treatment has included over the counter medications, acupuncture, physical therapy, and imaging studies. The original utilization review (September 9, 2015) non-certified a request for Duexis 800-26.2mg #90.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Duexis.

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

Decision rationale: The medical records indicate the patient is still having low back, left knee and ankle pain. The current request for consideration is Duexis 800/26.6mg #90. There are no primary treating physician reports which discuss the rationale for the above request. The MTUS and ACOEM Guidelines do not address Duexis; however, ODG Guidelines states "Not recommended as a first-line drug. [REDACTED] 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. Review of the provided reports do not show GI risk assessment. First line treatment with Duexis is also not recommended. Review of the records does not discuss any intolerance of NSAIDs or GI symptoms or diagnosis of GI events. The current request is not medically necessary.