

Case Number:	CM15-0183134		
Date Assigned:	09/24/2015	Date of Injury:	09/19/2012
Decision Date:	11/06/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/17/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 67 year old female who sustained an industrial injury 09-19-12. A review of the medical records reveals the injured worker is undergoing treatment for right ankle open trimalleolar fracture, right foot tarsal tunnel syndrome, and post-traumatic osteoarthritis of the right ankle. Medical records (07-09-15) reveal the injured worker complains sensory low in all 3 components of the posterior tibial nerve. After the surgery the sensory function in the foot was "normal." The physical exam (07-01-15) reveals the injured worker is "very sensitive" to touch over the ischium area medial anterior and lateral, with moderate swelling of the ankle noted. There is no physical examination noted on 07-09-15. Prior treatment includes right ankle surgery, right ankle hardware remove, medications, a brace, and physical therapy. The original utilization review (08-14-15) non certified the request for Duexis #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis Qty 90 with 3 refills, 1 tablet 2-3 times per day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Duexis (Ibuprofen & famotidine).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Duexis.

Decision rationale: The MTUS is silent on the use of this medication. Per ODG TWC with regard to Duexis: "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. (FDA, 2012) Ibuprofen (eg, Motrin, Advil) and famotidine (eg, Pepcid) are also available in multiple strengths OTC, and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDs. See NSAIDs, GI symptoms & cardiovascular risk, where Proton pump inhibitors (PPIs) are recommended. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy." The documentation submitted for review does not support the use of a histamine-2 blocker. Duexis is not recommended as a first-line treatment. There was no documentation of failure of trial of first line NSAIDs and PPIs. The combination medication prescribed is not reasonable unless there has been intolerance to the medications taken separately or if there is some contraindication for their use as separate medications, which has not been noted. Furthermore, the request for 4 month supply is not appropriate, as NSAIDs are only recommended for short term use. The request is not medically necessary.