

<b>Case Number:</b>	CM15-0189194		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	02/18/2012
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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

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 54 year old female, who sustained an industrial injury on 02-18-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic pain syndrome, traumatic amputation of the left distal joint of the index finger, neuritis, myofascial pain syndrome, and lumbar spine strain or sprain. Medical records (02-03-2015 to 08-28-2015) indicate ongoing and increasing left upper extremity pain, low back pain, left ankle pain, and tailbone pain. Pain levels on 02-03-2015 were rated 6-9 out of 10 on a visual analog scale (VAS) and described as constant, burning, throbbing and radiating. Pain levels on 08-28-2015 were rated as 7-9 out of 10. Records also indicate no changes in activity levels or level of function. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-28-2015, revealed decreased sensation in the left thumb, index & middle fingers, and decreased left grip strength. Relevant treatments have included: surgery, physical therapy (PT), psychological therapy, functional restoration program, injections, work restrictions, and pain medications (no previous prescription for Duexis noted). The request for authorization (09-03-2015) shows that the following medication was requested: Duexis 800-26.6 #60. The original utilization review (09-14-2015) non-certified the request for Duexis 800-26.6 #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 prescription of Duexis 800/26.6 #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The current request is for 1 prescription of Duexis 800/26.6 #60. The RFA is dated 09/03/15. Treatment history include traumatic amputation of the left distal joint of the index finger 2012, physical therapy, psychological therapy, functional restoration program, injections, work restrictions, and pain medications. The patient is not working. Per FDA label indication, Duexis is a combination of the NSAID Ibuprofen and the histamine H2-receptor antagonist famotidine indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers, which in the clinical trials was defined as a gastric and/or duodenal ulcer, in patients who are taking ibuprofen for those indications. The clinical trials primarily enrolled patients less than 65 years of age without a prior history of gastrointestinal ulcer. MTUS, pg 22 Anti-inflammatory medications section states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pages 68 and 69 regarding Famotidine states: "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Per report 08/28/15, the patient presents with ongoing and increasing left upper extremity pain, low back pain, left ankle pain, and tailbone pain. Physical examination revealed decreased sensation in the left thumb, index & middle fingers, and decreased left grip strength. Current medications include Horizant, Prilosec, and Ibuprofen. The patient continues to complain of acid reflux with ibuprofen use, even with the use of Prilosec. The patient would like to try an alternate medication. Ibuprofen and Prilosec was discontinued and the treater recommended a trial of Duexis. The medical records indicate that Ibuprofen was effective in reducing pain, but continues to cause acid reflux. The treater has discontinued Ibuprofen and Prilosec, and a trial of Duexis at this juncture is reasonable and supported by guidelines. This request IS medically necessary.