

Case Number:	CM15-0190804		
Date Assigned:	10/02/2015	Date of Injury:	11/24/2014
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/28/2015

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 50 year old male, who sustained an industrial injury on 11-24-2014. The injured worker is being treated for medial meniscus tear status post arthroscopy (4-24-2015). Treatment to date has included surgical intervention (right knee diagnostic and operative arthroscopy 4-24-2015), physical therapy, medications, Per the most recent Primary Treating Physician's Progress Report dated 6-18-2015, the injured worker presented for orthopedic reevaluation regarding his right knee. He is status post diagnostic and operative arthroscopy. He has completed 10 sessions of postop physical therapy (PT) and is making excellent progress however he is still having a difficult time with squatting and bending so 12 more sessions are requested. Objective findings included well healed arthroscopic portals; range of motion is lacking 5 degrees, 4 out of 5 strength, trace swelling and tenderness to palpation of the medial compartment. The notes from the provider do not document efficacy of the prescribed medications. Work status was temporarily totally disabled. The plan of care included additional PT. Authorization was requested for Duexis 800-26.6 #90. On 9-23-2015, Utilization Review non-certified the request for Duexis 800-26.6 #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800-26.6 #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient presents with orthopedic reevaluation regarding the right knee. The current request is for Duexis 800-26.6 #90. The treating physician states, in a report dated 09/17/15, "Duexis 800-26.6 #90." (37A) The MTUS guidelines are silent on the issue of Duexis. ODG guidelines state, "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." In this case, the treating physician, based on the records available for review, has failed to document the patient having either rheumatoid arthritis or osteoarthritis. The 9/10/2015 progress note (31B) states there was no osteoarthritis seen on arthroscopy. Nor is there any documentation of first-line drugs having been ineffective. The current request is not medically necessary.