

<b>Case Number:</b>	CM15-0195281		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 45 year old female, who sustained an industrial injury on November 1, 2013, incurring hands and upper extremities injuries. She was diagnosed with lateral epicondylitis, carpal tunnel syndrome and brachial plexus lesions. Treatment included diagnostic imaging, Electromyography studies, and 12 sessions of occupational therapy, anti-inflammatory drugs, wrist bracing, steroid injections and nerve block of the median nerve and activity restrictions. Currently, the injured worker complained of severe neck pain radiating into the right hand with loss of sensation. She noted increased weakness and numbness of the right hand. She had a positive Tinel sign of the right brachial plexus. She was diagnosed with right thoracic outlet syndrome and bilateral carpal tunnel syndrome. The injured worker also had persistent pain in both wrists with increased pain and numbness interfering with her activities of daily living including the ability to sleep. The treatment plan that was requested for authorization on October 5, 2015, included a prescription for Duexis 800 mg #90 with 5 refills. On September 17, 2015, a request for the prescription Duexis was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800 mg Qty 90 with 5 refills: 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 (Chronic) - NSAIDS, GI symptoms & cardiovascular risk; Proton pump inhibitors (PPIs).

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

**Decision rationale:** Based on the 5/7/15 progress report provided by the treating physician, this patient presents with neck pain that radiates to the right hand into the first, second, and third fingers with associated numbness/weakness of the right hand. The treater has asked for Duexis 800 mg qty 90 with 5 refills but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p EMG and NCV of the upper extremities from 5/6/15 with no evidence of carpal tunnel syndrome per 5/7/15 report. The patient is currently being recommended for a consultation for a specialist in treatment of thoracic outlet syndrome, for an ultrasound and diagnostic right scalene injection per 5/7/15 report. The patient is currently having left wrist pain with numbness that increases at night and is causing patient difficulty sleeping per 3/31/15 report. The patient's work status is not included in the provided documentation. 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, Anti-inflammatory medications section, page 22 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 nonsteroidal 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 2/24/15 report, the patient is to "continue taking Duexis one tablet three times a day to reduce the inflammation of the carpal ligament that is responsible for the patient's compression of the medial nerves, especially on the right side." In this case, the patient presents with chronic pain of the right upper extremity for which an NSAID would be indicated. However, there are no documentation of any GI issues such as GERD, gastritis or PUD for which a histamine H2-receptor antagonist such as Famotidine may be indicated. The treater does not explain why this combination NSAID/histamine H2-receptor antagonist is being prescribed. Therefore, the request is not medically necessary.