

Case Number:	CM15-0197490		
Date Assigned:	10/12/2015	Date of Injury:	08/09/2010
Decision Date:	11/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/07/2015

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 52 year old male who sustained an industrial injury on 8-9-2010. Diagnoses noted are upper lumbar pain, mid and left sided thoracic pain, chronic left shoulder pain, status post left shoulder arthroscopic repair (10-29-13), MR arthrogram left shoulder (8-26-15) shows recurrent partial tear of the rotator cuff, neck pain, and chronic low back pain (MRI 6-7-12) 6 mm disk herniation to the left side L4-L5, L5-S1 involving L5 and S1 nerve roots. In a progress report dated 9-16-15, the physician notes follow-up for neck, left shoulder and lower back pain and that he has been struggling with high levels of pain. It is noted that Nucynta, Norco, Percocet and Fentanyl patches had been denied. The physician reports he has MRI evidence of recurrent rotator cuff tear and lower back disk herniations involving the nerve roots. The objective exam reveals difficulty sitting in a chair, pain with palpation at the lumbosacral junction and mid back region by the left shoulder blade, and decreased range of motion with shoulder abduction and flexion. Work status is no repetitive use of left shoulder, no lifting over 10 pounds, no frequent bending, stooping. Previous treatment includes surgery, lumbar epidural steroid injection, medication, physical therapy, and home exercise. The treatment plan is a trial of Morphine Sulfate extended release 15mg 3 a day, Duexis 800-26.6mg twice a day (started 9-16-15), and orthopedic consult for recurrent rotator cuff tear. The requested treatment of Duexis 800-26.6mg #60 was non-certified on 10-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Duexis (Ibuprofen & Famotidine) (2015).

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 (e.g., Motrin, Advil) and famotidine (e.g., 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. The request is not medically necessary.