

<b>Case Number:</b>	CM15-0198442		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	07/04/2012
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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 57 year old female who sustained an industrial injury on 07-04-2012. Medical records indicated the worker was treated for an injury to the left knee and was status post left knee arthroscopic surgery. She developed a right knee compensatory sprain/strain. She also had a lumbar spine degenerative disc disease secondary to a compensatory injury, and right shoulder tendinosis. Her medications included Norco, Gabapentin, and Omeprazole. Duexis has been in the treatment plan since 11-2014. In the provider notes of 07-22-2015, the injured worker is seen for a follow up orthopedic evaluation for bilateral knee pain, low back pain, increased right-sided leg pain and severe right shoulder pain. Her physician recommended surgery. She continued with severe knee pain in the right knee that was an 8 on a scale of 0-10 without medications and a 5 on a scale of 0-10 with medications. With medications, her pain is improved and she can cook, do housework, chores, sit, walk, or bend. A request for authorization was submitted for Duexis 800/26.6mg #90 (30 days). A utilization review decision 09-10-2015 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800/26.6mg #90 (30 days): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 09/08/2015) - Ibuprofen/Famotidine (Duexis).

**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. The request is not medically necessary.