

Case Number:	CM15-0200423		
Date Assigned:	10/15/2015	Date of Injury:	12/09/2014
Decision Date:	12/01/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old man sustained an industrial injury on 12-9-2014. Diagnoses include right shoulder injury with surgical repair 6-26-2015. Treatment has included oral medications, 12 sessions of post-operative physical therapy, and surgical intervention. Physician notes dated 9-21-2015 show complaints of right shoulder pain. The physical examination shows right shoulder range of motion noted to be forward flexion and abduction 0-150 degrees with stiffness and pain with 3 out of 5 strength. Recommendations include continue physical therapy, Duexis, and Ibuprofen. Utilization Review denied a request for Duexis on 10-1-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter/Duexis.

Decision rationale: According to the Official Disability Guidelines, Duexis (ibuprofen & Famotidine) is not recommended as a first-line drug. ODG notes that 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. ODG specifically states that with less benefit and higher cost, using Duexis as a first-line therapy is not justified. The medical records do not support the request for Duexis. While using a first line non-steroidal anti-inflammatory medication and first line proton pump inhibitor is supported, the request for a combination medication is not supported. The request for Duexis 800/26.6 #60 is not medically necessary and appropriate.