

<b>Case Number:</b>	CM15-0203961		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, Oregon,  
 Washington Certification(s)/Specialty: Orthopedic  
 Surgery

### 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 62 year old male, who sustained an industrial injury on 12-17-2012. A review of the medical records indicates that the worker is undergoing treatment for C6-C7 disc degeneration, intermittent cervical radiculopathy, L4-S1 disc degeneration and facet arthropathy, C6-C7 stenosis, L4-L5 stenosis, intermittent lumbar radiculopathy and L4-L5 grade I spondylolisthesis. Subjective complaints (07-24-2015, 08-21-2015 and 09-11-2015) included neck, bilateral shoulder and low back pain. Neck pain was noted to be a 6 out of 10 with medication and 9 out of 10 without medication, bilateral shoulder pain was noted to be 6 out of 10 with medication and 7 out of 10 without medication and low back pain was rated as 6-7 out of 10 with medication and 8 out of 10 without medication. Objective findings (07-24-2015, 08-21-2015 and 09-11-2015) included tenderness and spasms of the cervical paravertebral muscles, trapezius musculature and interscapular space with decreased sensation over the left C5-C7 dermatome distributions. Treatment has included Norco, Tramadol, physical therapy, cervical and lumbar facet blocks, sacroiliac joint blocks and chiropractic therapy. The physician indicated that the injured worker was given a prescription for Duexis for its anti-inflammatory and analgesic effects as well as its gastrointestinal protective components. There was no documentation of gastrointestinal complaints. A utilization review dated 09-28-2015 non-certified a request for Duexis 800-26, 1 tab po tid #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, 1 tab po tid #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 (ODG), Pain - Duexis (Ibuprofen & famotidine).

**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:** Per ODG Pain / Duexis (ibuprofen & famotidine): "Not recommended as a first-line drug. Horizon Pharma 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, using Duexis as a first-line therapy is not justified." In this case there is no evidence of failure of first-line therapy and thus the recommendation is for non-certification therefore the request is not medically necessary.