

Case Number:	CM15-0205382		
Date Assigned:	10/22/2015	Date of Injury:	05/30/2014
Decision Date:	12/09/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 30, 2014. In a Utilization Review report dated September 20, 2015, the claims administrator failed to approve a request for Duexis. A September 14, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said September 14, 2015 office visit, the applicant reported ongoing complaints of shoulder pain status post earlier shoulder arthroscopy on May 1, 2015. The attending provider stated that the applicant was not working and felt that the applicant needed work conditioning to facilitate the applicant's return to work. An ibuprofen-famotidine (Duexis) amalgam was endorsed because stand-alone usage of ibuprofen had generated issues with dyspepsia.

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: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Duexis® (ibuprofen & famotidine).

Decision rationale: No, the request for Duexis (ibuprofen-famotidine) was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of "cost" into his choice of recommendations. Here, however, the attending provider failed to furnish a clear or compelling rationale for selection of brand-name Duexis in favor of generic ibuprofen and/or famotidine, particularly in light of the fact that ODG's Chronic Pain Chapter Duexis topic notes that ibuprofen and famotidine, i.e., the individual components of the Duexis amalgam, are available in multiple strengths over-the-counter. It was not clearly stated or clearly established, thus, why brand-name Duexis was furnished in favor of generic ibuprofen and/or generic famotidine. Therefore, the request was not medically necessary.