

<b>Case Number:</b>	CM15-0206155		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	05/07/2002
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Connecticut, California, Virginia

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:

This is a 50-year-old female with a date of industrial injury 5-7-2002. The medical records indicated the injured worker (IW) was treated for status post lumbar fusion with subsequent hardware removal; lumbar discogenic disease; chronic low back pain; cervicogenic pain; and cervical radiculopathy. In the progress notes (6-30-15, 8-25-15), the IW reported pain in the neck and low back rated 8 to 9 out of 10 without medications and 6 out of 10 with them. She also complained of increased pain in her feet, which was radiating from the back. On examination (8-25-15 notes), there was tenderness, spasms and painful, limited range of motion in the lumbar spine. Sensation was decreased in the bilateral L5-S1 dermatome and motor strength was 4 out of 5 bilaterally. Lasegue's was positive bilaterally and straight leg raising was positive at 45 degrees bilaterally. There was tenderness to the plantar aspects of both feet. There were spasms in the cervical spine, with painful, decreased range of motion. Motor strength was 4 out of 5. The provider documented "radiculopathy bilaterally at C6-7" and there was tenderness to palpation over the cervicotrapezial ridge. Treatments included home exercise and walking, lumbar spine corset and TENS unit; medications included Duexis (since at least 1-2015), Ibuprofen, Methylprednisolone, Omeprazole, Paroxetine and Prednisone. The IW was 'permanent and stationary', with work restrictions. A Request for Authorization was received for Duexis 800-26.6mg #90. The Utilization Review on 10-14-15 non-certified the request for 800-26.6mg #90.

### 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:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Duexis (ibuprofen & famotidine).

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

**Decision rationale:** When considering use of NSAIDs, and according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Duexis is a compounded medication containing famotidine and ibuprofen. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, given no evidence of gastric discomfort, history of GERD, etc. in the provided records, and no abdominal physical exam findings, there does not appear to be compelling evidence to support the use of this medication over an individual NSAID, and therefore the request is not medically necessary at this time.