

Case Number:	CM15-0207702		
Date Assigned:	10/26/2015	Date of Injury:	01/26/2013
Decision Date:	12/14/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/21/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 34 year old female, who sustained an industrial injury on January 26, 2013. The injured worker was diagnosed as having carpal tunnel syndrome to the unspecified upper limb, pain to the left shoulder, pain to the right shoulder, pain to the right elbow, right elbow lateral epicondylitis, unspecified elbow lateral epicondylitis, and unspecified medial epicondylitis. Treatment and diagnostic studies to date has included laboratory studies, status post carpal tunnel release with internal neurolysis, tenosynovectomy, and distal fasciotomy performed on July 23, 2013, magnetic resonance imaging of the bilateral wrists, magnetic resonance arthrogram of the right shoulder, magnetic resonance imaging of the right shoulder, electromyogram, physical therapy with the quantity unknown, chiropractic therapy with quantity unknown, and medication regimen. In a progress note dated October 02, 2015 the treating physician reports complaints of pain to the bilateral upper extremities, bilateral shoulders, and the right elbow. Examination performed on October 02, 2015 was revealing for tenderness to the biceps groove of the bilateral shoulders, tenderness to the bilateral lateral epicondyles and medial epicondyles, and positive Phalen's testing and Tinel's testing the bilateral wrists. The injured worker's medication regimen on October 02, 2015 included Flexeril (prescribed since at least July of 2014), Ibuprofen (since at least prior to July of 2015), and Voltaren Gel (since at least prior to July of 2015). The injured worker's pain level on October 02, 2015 was rated a 4 on a scale of 1 to 10 with the use of her medication regimen and was rated a 9 on a scale of 1 to 10 without the use of her medication regimen. The progress note did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The

progress note from September 04, 2015 noted a trial of the medication Duexis, "but is not sure if it was helpful and would like to try some more." The injured worker's medication regimen on September 04, 2015 included Cymbalta (prescribed since at least July of 2015), Ibuprofen, Norco (since at least prior to December of 2013), and Voltaren Gel. The injured worker's pain level on September 04, 2015 was rated a 3 on a scale of 1 to 10 with the use of her medication regimen and was rated a 4 on a scale of 1 to 10 without the use of her medication regimen. On October 02, 2015 the treating physician requested the medication Duexis 800-26.6mg with a quantity of 90 for pain. On October 14, 2015 the Utilization Review determined the request for Duexis 800- 26.6mg with a quantity of 90 to be non-certified.

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, 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Duexis (ibuprofen and famotidine).

Decision rationale: Regarding the request for Duexis, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. California MTUS states that proton pump inhibitors are appropriate for patients at risk for gastrointestinal events with NSAID use. ODG states Duexis is 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. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy. Within the medical information available for review, there is no indication for the need for Duexis as opposed to ibuprofen and famotidine separately. The Guidelines do not recommend Duexis as a first-line drug. In light of the above issues, the currently requested Duexis 800-26.6mg #90 is not medically necessary.