

<b>Case Number:</b>	CM15-0212617		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	07/01/1988
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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 was a 57-year-old male, who sustained an industrial injury, July 1, 1988. The injured worker was undergoing treatment for degenerative joint disease of the ankle and foot and right foot pain. According to progress note of October 12, 2015, the injured worker's chief complaint was continued occasional bilateral feet pain. The injured worker had injections, which have helped for the last 9 months ago, and the injured worker occasionally had low back pain and sometimes the low back with spasms. The Duexis was increased and the injured worker reported the Voltaren gel specifically helped. The objective findings of the right foot noted tenderness of the talonavicular joint that was a scar on the talonavicular joint. The left foot revealed tenderness over the talonavicular joint with a scar over the talonavicular joint. The injured worker previously received the following treatments Voltaren topical Gel 1% 2 grams since December 10, 2013 and Duexis 800-26.6mg since December 10, 2013. The RFA (request for authorization) dated the following treatments were requested prescriptions for Voltaren topical Gel 1% 2 grams and Duexis 800-26.6mg #90. The UR (utilization review board) denied certification on October 28, 2015; for the prescriptions for Voltaren topical Gel 1% 2 grams and Duexis 800-26.6mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren topical gel 1% 2 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** CA MTUS/Chronic Pain Medical Treatment Guidelines, page 111-112, topical analgesics NSAIDs, states that Voltaren Gel is, "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity)." In this case, there is insufficient evidence of osteoarthritis in the records from 10/12/15 to warrant Voltaren Gel. Therefore, determination is not medically necessary.

**Duexis 800/26.6mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**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. [REDACTED] 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 not medically necessary.