

Case Number:	CM15-0220218		
Date Assigned:	11/13/2015	Date of Injury:	04/30/2002
Decision Date:	12/29/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/09/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 65 year old female, who sustained an industrial injury on 4-30-02. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, bilateral wrist tendinitis and right De Quervain's tendonitis. Subjective findings (5-13-15, 7-22-15 and 9-30-15) indicated bilateral wrist and hand pain with numbness and paresthesia. Objective findings (5-13-15, 7-22-15 and 9-30-15) revealed a positive Phalen's test in the bilateral wrists and restricted range of motion in the bilateral hands and wrists due to pain. The treating physician noted that the injured worker tried and failed Naproxen due to gastrointestinal upset. Current medications include Ultracet, Lidoderm patch, Celexa and Duexis (since at least 5-13-15). Treatment to date has included a right wrist brace. The Utilization Review dated 10-14-15, non-certified the request for Duexis 800-26.6mg #90 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6 MG #90 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation The Medical Letter on Drugs and Therapeutics; March 8, 2010 (Issue 1333) p. 17: Primary Prevention of Ulcers in Patients Taking Aspirin or NSAIDs.

Decision rationale: Duexis is a compound medication containing famotidine and ibuprofen. Famotidine is an H₂-receptor antagonist. It is indicated for the treatment of peptic ulcer disease and been shown to prevent NSAID-related gastric ulcers in high doses. Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted." For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case the patient had been receiving the medication for several months without relief. The duration of treatment increases the risk of adverse effects with little benefit. The request is not medically necessary.