

<b>Case Number:</b>	CM15-0042995		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	12/13/1982
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Indiana

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 injured worker is a 57 year old male with an industrial injury dated December 13, 1982. The injured worker diagnoses include testicular cancer, insomnia and thoracic neuralgic. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 02/04/2015, the injured worker currently complains of ongoing pain in the left thoracic region. The treating physician noted that the injured worker was requesting Duexis. Objective findings revealed tenderness to thoracic region. The treating physician prescribed 90 Duexis 800mg (express script).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Duexis 800mg (express script): 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 (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and gi protection Page(s): 68-69.

**Decision rationale:** Duexis is a combination of Ibuprofen/Famotidine. Famotidine is an H2 blocker and like a PPI can be utilized to treat dyspepsia secondary to NSAID therapy. MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." MTUS also states that, "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, treatment of dyspepsia secondary to NSAID therapy or other GI risk factors as outlined in MTUS. As such, the request for Famotidine is not medically necessary and by extension the request for Duexis is not medically necessary.