

Case Number:	CM15-0050149		
Date Assigned:	03/23/2015	Date of Injury:	07/16/2000
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old male, who sustained an industrial injury on 07/16/2000. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post right shoulder arthroscopy. Treatment to date has included status post right shoulder revision diagnostic and operative arthroscopy and a medication regimen. In a progress note dated 02/10/2015 the treating provider reports complaints of achiness, stiffness, and pain. The treating physician also noted a Grade 4 100% chondromalacia of the glenohumeral joint that was discovered during his surgery. The treating physician requested Duexis 800/26.6mg to be taken one tablet three times a day with a quantity of ninety noting that this medication has assisted in controlling the injured worker's pain and inflammation and since he has been out of this medication he has experienced a return of symptoms as listed above.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications NSAIDs, GI symptoms & cardiovascular risk Page(s): 22, 68-69.

Decision rationale: The patient presents with right shoulder pain. The request is for DUEXIS 800MG NINETY COUNT. The request for authorization is dated 02/15/15. The patient is status-post right shoulder revision diagnostic and operative arthroscopy, 04/26/13. Intraoperatively, he was noted to have grade 4 100% chondromalacia of the glenohumeral joint. At this time, he is beginning to experience symptoms of achiness, stiffness and pain. The patient's work status is not provided. Per FDA label indication, Duexis is a combination of the NSAID Ibuprofen and the histamine H2-receptor antagonist famotidine indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers, which in the clinical trials was defined as a gastric and/or duodenal ulcer, in patients who are taking ibuprofen for those indications. The clinical trials primarily enrolled patients less than 65 years of age without a prior history of gastrointestinal ulcer. MTUS Guidelines page 22 states "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." For Famotidine, MTUS page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Per progress report dated, 02/10/15, treater's reason for the request is "to control his pain and inflammation." Prescription history is not provided and it is unknown when Duexis was initiated and for how long it has been taken by the patient. MTUS does not recommend routine use of PPI's for prophylactic use without a proper GI risk assessment. Review of medical records do not show GI risk assessment, or documentation of GI issues such as GERD, gastritis or peptic ulcer, for which histamine H2-receptor antagonist such as Famotidine would be indicated. Treater does not discuss why a combination medication is required, either. Therefore, the request IS NOT medically necessary.