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| <b>Case Number:</b>   | CM15-0051714 |                              |            |
| <b>Date Assigned:</b> | 03/25/2015   | <b>Date of Injury:</b>       | 10/24/2005 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 03/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/19/2015 |

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 female who sustained an industrial injury on 10/24/05. The mechanism of injury was not identified. She currently complains of severe pain affecting the upper extremity. The pain is burning and shooting with numbness and tingling. She exhibits pain over the right shoulder with radiation into the scapula and cervical region. In addition, she has headaches. Her pain intensity is 5/10 with medications and 9-10/10 without medications. Medications are Duexis and KGL compounded cream. Medications are beneficial in reducing pain with no side effects. Diagnoses include right shoulder impingement syndrome, status post right shoulder decompression (2007, 4/2011); right carpal tunnel release (2009) with residual neuropathic pain in the right hand and wrist; gastrointestinal symptoms, secondary to medications; depression; alopecia, secondary to medication use. In the progress note dated 2/10/15 the treating provider's plan of care includes a request to continue Duexis for combination of its anti-inflammatory effects and treatment of medication induced gastroesophageal reflux disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Deuxis 800/26.6 BID #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duexis.

**Decision rationale:** CA MTUS guidelines state that a proton pump inhibitor or H2 blockers should be considered for administration with anti-inflammatory medication if there is a high risk for gastro-intestinal events. In this case, the medical record does document a history of gastrointestinal intolerance to NSAID medication. Duexis is a combination medication containing ibuprofen and famotidine which is indicated for use in rheumatoid arthritis and osteoarthritis. ODG states that as the individual components (ibuprofen and famotidine) are available at low cost as individual medications, Duexis should not be used as first line therapy. In this case, there is no documentation of a trial of ibuprofen and famotidine as separate pills and the use of Duexis is not medically indicated. Therefore, the request is not medically necessary.