

Case Number:	CM14-0163674		
Date Assigned:	10/08/2014	Date of Injury:	05/30/2013
Decision Date:	11/07/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/06/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 58 year-old female with date of injury 05/30/2013. The medical document associated with the request for authorization lists subjective complaints as right hand and wrist pain. The patient is status post right carpal tunnel release on 12/17/2013. Objective findings include no tenderness to palpation anywhere in the wrist; no swelling or wrist instability; range of motion was within normal limits; no tenderness to palpation or swelling noted anywhere in the forearm or elbow; no evidence of elbow instability; and range of motion of the elbow was within normal limits. Current diagnosis includes moderate right carpal tunnel syndrome; status post right carpal tunnel release; mild right ulnar sensory neuropathy, probably secondary to diabetes; and right shoulder supraspinatus tear. The medical records supplied for review document that the patient had not been prescribed the following medications before the date of the request for authorization on 09/15/2014. Current medication includes Duexis 800mg, #90 SIG: po TID prn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 111.

Decision rationale: Duexis (famotidine and ibuprofen) is used to treat the signs and symptoms of rheumatoid arthritis and osteoarthritis. For the purposes of this review, it can be thought of it is a compounded medication. According to the MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS also states that prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs). There is no documentation that the patient has any of the risk factors needed to recommend Duexis which contains the proton pump inhibitor Famotidine. Therefore, this request is not medically necessary.