

Case Number:	CM14-0176441		
Date Assigned:	10/29/2014	Date of Injury:	11/15/2013
Decision Date:	12/08/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/24/2014

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 Internal Medicine and is licensed to practice in New York. 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:

The patient is a 59 year old female with a date of injury of 11/15/2013. She has neck pain and back pain. On 08/22/2014 she was taking Ibuprofen 800 mg TID, Lidocaine ointment and Gabapentin 800 mg TID. She had 7/10 neck pain radiating to her right arm and ulnar three fingers. Cervical range of motion was decreased. Spirling's test was negative. Upper extremity motor strength was 5/5. She had 8/10 low back pain that radiated to her left thigh and calf. Lumbar range of motion was decreased. Motor strength of the lower was 5/5. Straight leg raising was negative. She ambulated with a cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg/26.6mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 10/06/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Guidelines Official Disability Guidelines (ODG), Pain, Duexis.

Decision rationale: MTUS, ACOEM does not specifically mention Duexis - combination of Ibuprofen 800 mg and Famotidine 26.6 mg. The ODG 2014: "Not recommended as a first-line drug. [REDACTED] recently announced the launch of Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. (FDA, 2012) Ibuprofen (eg, Motrin, Advil) and famotidine (eg, Pepcid) are also available in multiple strengths OTC, and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDs. See NSAIDs, GI symptoms & cardiovascular risk, where Proton pump inhibitors (PPIs) are recommended. With less benefit and higher cost, using Duexis as a first-line therapy is not justified." Also for this patient, there is no documentation of gastritis, peptic ulcer disease or a GI bleed. Therefore, the request is not medically necessary.