

Case Number:	CM14-0177423		
Date Assigned:	10/30/2014	Date of Injury:	04/25/2008
Decision Date:	12/08/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 injured worker is a 66 years old female with a chronic pain syndrome with neck and low back pain, bilateral shoulder pain, anxiety, and depression. There is evidence of degenerative changes in the cervical and lumbosacral spine. There is grade I spondylolisthesis at L3-4 and facet arthritis at L4-5 and L5-S1. She has impingement in both shoulders. She has been treated with physical therapy, medications, and epidural steroid injections. The disputed issue pertains to a prescription for Duexis 800/26.6 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (web: updated 10/6/14): compound drugs/ criteria for Compound drugs;

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

Decision rationale: California MTUS does not address Duexis. However, it is a compounded drug and is not recommended as a first line agent. ODG guidelines do not recommend Duexis as

a first line agent. Duexis is a combination of Ibuprofen and famotidine (Pepcid). It is indicated for the treatment of osteoarthritis and rheumatoid arthritis. Both drugs are available over the counter. The strategy is to prevent stomach ulcers. However, other strategies are recommended to prevent stomach ulcers in patients taking NSAIDs when proton pump inhibitors are recommended. Duexis is more expensive and less beneficial than other strategies and therefore its use as a first line agent is not medically necessary per guidelines. Therefore, the prescription for Duexis 800/26.6 mg # 90 is not medically necessary.