

Case Number:	CM14-0185817		
Date Assigned:	11/13/2014	Date of Injury:	06/13/2011
Decision Date:	12/22/2014	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/07/2014

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 Family 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 is a 49 year old female patient who sustained a work related injury on 6/13/11. The patient sustained the injury when a heavy bathroom door slammed on the left wrist and hand. The current diagnoses include left wrist contusion/strain, dorsal ganglion and secondary left upper extremity and shoulder pain. Per the doctor's note dated 10/07/14, patient has complaints of pain and tenderness on the left radio carpal joint, exacerbated with any heavy strenuous use of the hand. Physical examination revealed slight swelling of the left ulnar fovea, and axial compression and radial and ulnar deviation of the wrist with pain in both directions. The current medication lists include Duexis, Etodolac, Escitalopram, clonazepam, levothyroxine, estradiol, vitamin, and calcium. The patient has had X-rays of the left shoulder and forearm on 02/19/13 that showed degenerative narrowing of the acromioclavicular joint and the wrist and elbow joints; an MRI of the left wrist, on 02/19/13, that revealed a 4 mm ganglion cyst seen within the dorsal soft tissues of the wrist at the level of the proximal carpal row and a repeat MRI of the left wrist on 08/13/14 that revealed described 4 mm ganglion cyst had decreased in size down to 1-2 mm; left wrist and nerve conduction study was consistent with slight carpal tunnel syndrome. She had received an injection into the left carpal tunnel and into the left radiocarpal joint for this injury. Any operative/ or procedure note was not specified in the records provided. The patient has received an unspecified number of the PT visits for this injury. The patient has used a brace for left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6 #90 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 11/21/14), Duexis Â® (Ibuprofen & Famotidine).

Decision rationale: CA MTUS does not address this request. Per the ODG guidelines cited below Duexis is "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." A rationale for not using OTC ibuprofen and OTC famotidine as separate tablets is not specified in the records provided. The response to the individual medicines is not specified in the records provided. Therefore the medical necessity of the combination (in one tablet) is not fully established. In addition, the records provided do not specify the duration of the NSAIDs therapy. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Duexis 800/26.6 #90 with 3 refills is not fully established in this patient. Therefore the request is not medically necessary.