

Case Number:	CM14-0091421		
Date Assigned:	07/25/2014	Date of Injury:	06/29/2012
Decision Date:	09/16/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 41 year old female with an injury date on 06/29/2012. Based on the 05/15/2014 progress report provided by [REDACTED], the diagnoses are: Left knee industrial injury, Left knee arthroscopy on July 5, 2012, Grade IV patellofemoral osteoarthritis, Kenalog injection on January 6, 2014 According to this report, the patient presents with left knee pain. "The patient has MRI studies from August 6, 2013 revealing grade IV osteoarthritis." The MRI report was not provided in the file for review. On 01/06/2014, the patient received Kenalog injection that gave her about five month relief of symptoms. Tenderness is noted at the patellofemoral articulation. Positive patellofemoral crepitation and positive grind test was noted. Pain is noted with deep squat. There were no other significant findings noted on this report. The utilization review denied the request on 05/28/2014. [REDACTED] the requesting provider and he provided treatment reports from 01/06/2014 to 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Duexis 800-26.6mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation UNIVERSITY OF MICHIGAN HEALTH SYSTEM. GASTRO ESOPHAGEAL REFLUX DISEASE (GERD) . ANN ARBOR (MI): UNIVERSITY OF MICHIGAN HEALTH SYSTEM; 2007 JAN 10 P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Not recommended as a first-line drug. Horizon Pharma 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, it would be difficult to justify using Duexis as a first-line therapy.

Decision rationale: The MTUS and ACOEM Guidelines do not address Duexis; however, the ODG states "Not recommended as a first-line drug. Horizon Pharma recently announced the launch of Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis." The MTUS Chronic Pain Guidelines also does not recommend routine use of PPI's for prophylactic use without a proper GI risk assessment. A review of reports indicates that the patient has osteoarthritis. However, there is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of risk. As such, the request is not medically necessary and appropriate.