

Case Number:	CM14-0092891		
Date Assigned:	09/12/2014	Date of Injury:	12/04/2002
Decision Date:	10/10/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/19/2014

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 65-year-old female who reported an industrial injury on to the back 12/4/2002, almost 12 years ago, attributed to the performance of her usual and customary job tasks. The patient reported having fallen on the stairs two weeks prior to the office visit and reported increased lower back pain radiating to the bilateral lower extremities. The patient was reported to be taking Norco 10/325mg; Voltaren topical cream; Ultram ER. The patient is noted to be status post L4-L5 lumbar spine fusion and was provided postoperative physical therapy. The patient was noted to be making good progress with the postoperative rehabilitation program and was also being prescribed Duexis. The treatment plan included the prescription of Duexis 800mg/26.6mg, #90.

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: Famotidine/Ibuprofen. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain and NSAIDs

Decision rationale: Treating provider has prescribed Duexis 800/26.6mg, #90, which is a combination of Ibuprofen and Famotidine (Pepcid) both of which are available OTC (over the counter). There is no demonstrated medical necessity for this compounded medication. There is no objective evidence that the patient cannot be treated fully with OTC analgesics. The use of ibuprofen by the patient was minimal and no GI effects were documented. There is no medical necessity for this prescribed Duexis over the use of OTC Ibuprofen and Pepcid. Famotidine is an antihistamine H2 blocker is prescribed for GERD or stomach discomfort when NSAIDs are being prescribed; however, there is no objective evidence that the H2 inhibitor is as effective at protecting the mucosal layer of the stomach as the recommended proton pump inhibitors. Generally, the proton pump inhibitors are prescribed to protect the stomach lining from the chemical effects of NSAIDs. There are prescribed NSAIDs in the current medical documentation; however, there is no objective evidence provided that the prescribed NSAIDS have caused GI upset due to the erosion of the GI mucosa. The protection of the stomach lining from NSAIDs is appropriately provided with the proton pump inhibitors such as Omeprazole. There are no documented GI issues with the prescribed Ibuprofen and the H2 blocker is prescribed prophylactically. There is no demonstrated medical necessity for Duexis 800/26.6mg, bid #90.