MAXIMUS Federal Services

Case Number:	CM13-0070919		
Date Assigned:	01/08/2014	Date of Injury:	07/30/2007
Decision Date:	03/27/2015	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/26/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 58-year-old [redacted] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of July 30, 2007.In a utilization review report dated November 26, 2013, the claims administrator failed to approve a request for Duexis. The claims administrator referenced a November 6, 2013 progress note in its determination. The claims administrator noted that the applicant had ongoing complaints of elbow, wrist, forearm, and neck pain. The applicant's attorney subsequently appealed. In a handwritten progress note dated October 3, 2013, the applicant reported ongoing complaints of elbow pain. The applicant was given prescriptions for Ultram and Lidoderm patches. An elbow corticosteroid injection was proposed. Permanent work restrictions were renewed. Ancillary complaints of neck and shoulder pain were also evident. On November 6, 2013, the applicant reported ongoing complaints of neck, shoulder, and bilateral wrist pain. Marked sleep disturbance was noted. The applicant had developed gastric irritation from taking Ultram. Duexis was therefore endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

DUEXIS (800/26.6) MG #60, 1 TABLET 2 OR 3 TIMES A DAY AS NEEDED BASIS:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN CHAPTER, ONLINE EDITION

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.

Decision rationale: Yes, the request for Duexis, an amalgam of ibuprofen and famotidine was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, H2 antagonists such as famotidine are indicated in the treatment of NSAID-induced dyspepsia. In this case, the attending provider posited that the applicant had developed issues with dyspepsia attributed to previous usage of tramadol. Usage of Duexis, an ibuprofen-famotidine amalgam, thus, was preferable usage of non-selective NSAIDs, given the applicant's issues with gastric irritation evident on the November 6, 2013 progress not at issue. Therefore, the first-time request for Duexis was medically necessary.