

<b>Case Number:</b>	CM14-0194038		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	03/15/2014
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 48 year old female with a work injury dated 3/15/14. The diagnoses include pain in the shoulder joint, cervical radiculopathy, cervical disc disorder, and rotator cuff syndrome. Under consideration is a request for Duexis. An 8/6/14 EMG/NCS reported moderate right median nerve compression at the right wrist consistent with right carpal tunnel syndrome. A 4/24/14 right shoulder MRI revealed high-grade interstitial tear in the anterior leading edge of the distal supraspinatus tendon; superimposed rotator cuff tendinosis; moderate advanced acromioclavicular joint arthrosis with subchondral changes; and mild subacromial subdeltoid bursitis. On physical exam the range of motion is restricted with lateral rotation to the right limited to 45 degrees due to pain but normal flexion, extension, right lateral bending, left lateral bending and lateral rotation to the left. All upper limb reflexes are equal and symmetric. Pinprick is decreased along entire right hand. The right shoulder movements are restricted with flexion limited to 90 degrees due to pain, abduction limited to 90 degrees due to pain, internal rotation-behind body limited degrees-(Sacrum) and external rotation limited to 60 degrees due to pain but normal extension. The right 'Wrist Tinel's sign is positive. The treatment plan states that she is symptomatic from her carpal tunnel syndrome with numbness, weakness, pain. She will stop her Norco and start Duexis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Deuxis 800-26.6mg 1 Tab TID:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Compensation (TWC) and Non-MTUS Official Disability Guidelines (ODG), Treatment Integrated, Treatment Disability Duration Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Duexis, Ibuprofen and Famotidine and Non-MTUS

**Decision rationale:** Duexis 800-26.6mg 1 Tab TID is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The Official Disability Guidelines (ODG) states that 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. The MTUS states that a patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs) (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor; therefore, this request is not medically necessary.