

Case Number:	CM14-0210146		
Date Assigned:	12/23/2014	Date of Injury:	09/17/2014
Decision Date:	02/19/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 34-year-old male with a date of injury of 09/17/2014. According to progress report dated 11/11/2014 The patient presents with neck, low back, left elbow, and right leg pain. The patient was utilizing tramadol for pain, which has made him drowsy. He is requesting a different kind of medication. The patient has returned to work with some limitations. Examination of the cervical spine revealed loss of lateral flexion and extension and TTP at the midline C5-T3. Bilateral elbow ranges of motion were normal without crepitus or swelling. Motor strength was noted as 4+(5-)/5 with active resistance or push up. Examination of the lumbar spine revealed flexion 40 degrees, extension 50 degrees and left and right lateral flexion 15 degrees. Rotation and extension of the lumbar spine was fair without Kemp's. Straight leg raise is positive. The listed diagnoses are: 1. Cervicalgia. 2. Lumbago. 3. Contusion of elbow.4. Strain of back. 5. Sprain of neck. 6. Sprain, biceps tendon. The patient was instructed to discontinue tramadol 50 mg and a new prescription Duexis b.i.d. for pain control as well as GI protection was made. The utilization review denied the request on 11/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 26.6/800 mg #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Duexis

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories; NSAIDs, GI symptoms & cardiovascular risk Page(s): 22; 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter regarding Duexis.

Decision rationale: The patient presents with neck, low back, left elbow, and right leg pain. The current request is for Duexis 26.6/800mg #60 with one refill. The ODG Guidelines under the pain chapter regarding Duexis 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." For anti-inflammatory medications, the MTUS Guidelines page 22 states "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." For Famotidine, The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient instructed to discontinue Tramadol and Duexis was prescribed "for pain control as well as GI protection." Although NSAIDs are recommended for low back pain, the treating physician does not discuss why a combination medication is required. There is no GI risk assessment to determine the patient's need for prophylactic PPIs to be used in conjunction with an NSAID. The requested Duexis IS NOT medically necessary.