

Case Number:	CM15-0010066		
Date Assigned:	01/29/2015	Date of Injury:	10/19/2009
Decision Date:	03/20/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/16/2015

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 & Rehabilitation

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 injured worker is a 62 year old male who sustained an industrial injury on 10/19/09. The injured worker reported symptoms in the back, neck, shoulder and hand. The diagnoses included cervical degenerative disc disease, cervical spondylosis, cervical radiculitis, lumbar/lumbosacral disc degeneration, lumbar spondylolisthesis/lumbosacral, lumbar spondylosis, lumbar radiculitis, and thoracic radiculitis. Treatments to date have included activity restriction, physical therapy, heat, massage, stretching and oral pain medications. PR2 dated 12/29/14 noted the injured worker presents with "neck pain as 5/10 low back pain as 2/10 right hand pain as 0/10, and his tingling and numbness is 10/10." The treating physician is requesting Duexis (Ibuprofen-Famotidine) 800-26.6 mg tablet: 90 tablets refills: 2. On 1/7/15, Utilization Review non-certified a request for Duexis (Ibuprofen-Famotidine) 800-26.6 mg tablet: 90 tablets refills: 2. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis (Ibuprofen-Famotidine) 800-26.6 mg tablet: 90 tablets refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pain chapter: Duexis® (ibuprofen & famotidine)

Decision rationale: According to the 12/29/2014 report, this patient presents with neck pain, low back pain, right shoulder with tingling and numbness in the forearm, hand and thumb, index and long finger. The current request is for Duexis (Ibuprofen-Famotidine) 800mg-26.6 mg tablets, 90 tablets, refills: 2. The patient's work status is 'Retired.' The MTUS and ACOEM Guidelines do not address Duexis; however, ODG Guidelines states 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. MTUS also does not recommend routine use of PPI's for prophylactic use without a proper GI risk assessment. Review of the provided reports do not show GI risk assessment. First line treatment with Duexis is also not recommended. The request IS NOT medically necessary.