

Case Number:	CM15-0010376		
Date Assigned:	01/27/2015	Date of Injury:	05/06/2011
Decision Date:	03/18/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/19/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 51-year old year old male, who sustained an industrial injury on May 6, 2011. He has reported injuries to the lower back, bilateral upper and lower extremities. The diagnoses have included right shoulder impingement syndrome versus rotator cuff tear with mild left shoulder impingement syndrome, status-post bilateral shoulder arthroscopies, and chronic lumbago. Treatment to date has included pain medication, shoulder surgery, physical therapy with a home exercise program, steroid injections and routine follow up. Currently, the IW complains of constant low back pain that is worse with standing and walking. The worker could not walk for more than ten to fifteen minutes due to severe back pain. The worker also reported episodes of posterior thigh pain. Pain was rated a seven to eight on medication and ten without medication. The worker also had right shoulder pain that had gotten progressively worse over the past two months. Due to decreased range of motions and weakness, the worker reported difficulty performing activities of daily living. On January 13, 2015, the Utilization Review decision non-certified a request for Duexis, one tablet three times per day, noting the drug is a combination of a nonsteriodal medication with a proton pumps inhibitor. Guidelines recommend nonsteriodal anti-inflammatories for short term and the proton pump inhibitors for gastrointestinal dysfunction. The documentation did not contain any information that supported the use of this medication. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On January 19, 2015, the injured worker submitted an application for IMR for review of Duexis one tablet three times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis One Tab By Mouth 3 Times Daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 67 of 127 and 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Duexis is a combination of Ibuprofen and Famotidine. There is no documentation that the patient has a history of GI disease and failed the prescription of Famotidine separately. There are no controlled studies supporting the superiority of Duexis to Ibuprofen and Famotidine prescribed separately. According to MTUS guidelines, Famotidine is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There are no controlled studies supporting the superiority of Famotidine to Duexis for the treatment of GI ulcer. There is no documentation that the patient is suffering from GI ulcer or at risk of developing also. Therefore, Duexis One Tab By Mouth 3 Times Daily is not medically necessary.