MAXIMUS Federal Services

Case Number:	CM15-0016009		
Date Assigned:	02/04/2015	Date of Injury:	06/09/2009
Decision Date:	03/27/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/28/2015

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 49 year old male, who sustained an industrial injury on 06/06/2009. The diagnoses have included closed fracture of sacrum and coccyx and lumbar sprain/strain. Treatments to date have included massage, chiropractic care, and medications. Diagnostics to date have included lumbar spine x-rays on 08/25/2014 which showed minimal L2-L3 degenerative disc changes with no acute abnormality. In a progress note dated 11/03/2014, the injured worker presented with complaints of pain in the coccyx that increased with prolonged sitting. The treating physician reported recommending the anti-inflammatory Duexis for coccyx pain.Utilization Review determination on 12/23/2014 non-certified the request for Duexis 800mg #90 citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications NSAIDs, GI symptoms & cardiovascular risk Page(s): 22, 69.

Decision rationale: The patient presents with complaints of pain in the coccyx that increased with prolonged sitting. The request is for DUEXIS 800MG #90. The RFA provided is dated 11/06/14. Patient's diagnosis on 11/03/14 included fracture of the distal sacrum with subluxation of the coccyx. The patient has reached maximum medical improvement.Per FDA label indication, Duexis is a combination of the NSAID Ibuprofen and the histamine H2-receptor antagonist Famotidine indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers, which in the clinical trials was defined as a gastric and/or duodenal ulcer, in patients who are taking ibuprofen for those indications. The clinical trials primarily enrolled patients less than 65 years of age without a prior history of gastrointestinal ulcer.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, MTUS 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.Treater has not provided reason for the request and does not discuss why a combination medication is required. Duexis appears to be initiated per treater report dated 11/03/14. MTUS does not recommend routine use of PPI's for prophylactic use without a proper GI risk assessment. Review of medical records do not show GI risk assessment, or documentation of GI issues such as GERD, gastritis or peptic ulcer, for which histamine H2-receptor antagonist such as Famotidine would be indicated. Therefore, the request IS NOT medically necessary.