

Case Number:	CM15-0018427		
Date Assigned:	02/05/2015	Date of Injury:	08/11/2010
Decision Date:	04/14/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/30/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 31-year-old male, who sustained an industrial injury on 9/11/2010. The diagnoses have included displacement of thoracic or lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, contusion of back, sciatica, lumbago, sprains and strains of sacroiliac region and degeneration of thoracic or lumbar intervertebral disc. Currently, the IW complains of continuation of lumbar spine pain rated as 9/10. Objective findings included a positive straight leg test on the left at 35 degrees. There is decreased range of motion and tenderness to the lumbar spine. On 1/06/2015, Utilization Review non-certified a request for Duexis 800mg tablets #90 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ACOEM Guidelines and Non-MTUS sources were cited. On 1/30/2015, the injured worker submitted an application for IMR for review of Duexis 800mg tablets #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 Duexis 800Mg Tablets, frequency: unspecified, quantity: 90, refills: 0: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological

Basis of Therapeutics, 12th ed. McGraw Hill, 2010; Physician's Desk Reference, 68th ed. www.RxList.com; ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm drugs.com; Epocrates Online, www.online.epocrates.com Monthly Prescribing Reference, www.empr.com Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov; ACOEM - <https://www.acoempracguides.org/> Low Back; Table 2, Summary Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26; MTUS (Effective July 18, 2009) Page(s): 22, 67 of 127.

Decision rationale: Duexis is a combination of ibuprofen and famotidine. The California MTUS guidelines indicate that non-steroidal anti-inflammatory medications are considered traditional first-line of treatment to reduce pain and inflammation to increase function. GI side effects and adverse events associated with NSAIDs can be decreased with H-2 receptor antagonist; however, a search for an article and/or study to support the request has failed to document increased efficiency of Duexis when compared to taking both Ibuprofen and Famotidine as separate tablets. Given the increased cost of combining these two medications (~\$280 compared to ~\$12), the request is not considered medically necessary.