

Case Number:	CM15-0115583		
Date Assigned:	06/23/2015	Date of Injury:	01/28/2012
Decision Date:	07/27/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/15/2015

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, 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 54-year-old male who sustained an industrial injury on 01/28/12. His diagnoses included sprain/strain of the cervical, thoracic, and lumbar spine. Requested treatment is Duexis 800 mg #100 with one refill. He has been treated with physical therapy, chiropractic services, and pain medications. He had declined injections and was not a candidate for surgery. A progress report dated 03/17/15 indicates a chief complaint of continuous pain to his neck and back. He reports he does no exercises for this and he is on no medications. The treating physician reports the injured worker can do almost all movements without difficulty and he is neurologically normal; activity suggests no impairment. There is no recommendation for medication treatment. Electro diagnostics of the lumbar spine and lower limbs on 08/15/12 were normal. MRI of the lumbar spine on 08/17/12 was interpreted as no significant foraminal stenosis noted. MRI of the thoracic spine on 04/02/12 was interpreted as showing no abnormality. Addendum of progress report dated 04/28/15 described repeat MRI of the cervical spine compared to previous was suggestive of significant pathology at the C5-6 level with recommendation of a neurosurgical opinion. Date of utilization review: 06/01/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg #100 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Duexis (ibuprofen and famotidine).

Decision rationale: Regarding the request for Duexis, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. ODG states Duexis is 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. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy. Within the medical information available for review, there is no indication for the need for Duexis as opposed to ibuprofen and famotidine separately. The Guidelines do not recommend Duexis as a first-line drug. In light of the above issues, the currently requested Duexis is not medically necessary.