

Case Number:	CM15-0115925		
Date Assigned:	06/24/2015	Date of Injury:	10/10/2012
Decision Date:	07/29/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/16/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 male, who sustained an industrial injury on 10/10/2012. The mechanism of injury was not described. The current diagnoses are cervical radiculopathy, cervical degenerative disc disease, lumbar radiculopathy, and bursitis of the shoulder. Treatment and evaluation to date has included medication management, MRI studies, chiropractic, acupuncture, injection (left shoulder), and epidural steroid injection. Duexis was prescribed since December 2014. A progress note in March 2015 noted that the injured worker was not working, and work status was noted as remain off work/ temporarily totally disabled. According to the progress report dated 5/14/2015, the injured worker complains of neck, back, chest, and left shoulder pain. He reports increasing left shoulder pain. He describes his pain as aching. The pain is rated 6/10 on the pain scale. The physical examination of the lumbar spine reveals positive straight leg raise test bilaterally, positive trigger points in the paraspinal muscles, pain with extension and left lateral flexion, and diminished sensation over the bilateral L5 nerve roots. Examination of the left shoulder reveals pain with abduction greater than 90 degrees. There is a positive Neer and Hawkins test. He denies nausea, constipation or gastrointestinal upset. The medications prescribed are Duexis, Percocet, and Neurontin. A urine drug screen from 1/19/2015 was positive for marijuana, amphetamine, methamphetamine, and was negative for opioids. In the 5/14/2015 progress notes, he admits to methamphetamine. The treating physician recommended no opioids. A request for Duexis has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-73.

Decision rationale: Duexis contains ibuprofen, a NSAID, and famotidine, a histamine-2 (H2) receptor blocker. This injured worker has chronic back and shoulder pain. Duexis has been prescribed for at least five months. Per the MTUS Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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 NSAIDs. In this case, there was no documentation of improvement in pain or functional improvement as a result of use of duexis. Shoulder pain was described as increased at the recent visit. There is no documentation of improvement in work status; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Duexis use to date. Work status remains temporarily totally disabled. There is no recommendation for H2 receptor antagonists for gastric protection from NSAID use. A H2-receptor antagonist may be considered for treatment of dyspepsia secondary to NSAID therapy. In this case, there was no documentation of NSAID induced dyspepsia. Therefore, based on MTUS guidelines and submitted medical records, the request for Duexis is not medically necessary.