

Case Number:	CM15-0119220		
Date Assigned:	07/02/2015	Date of Injury:	01/06/2011
Decision Date:	08/04/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/22/2015

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 63 year old female who sustained an industrial injury on 01/06/2011. Mechanism of injury was not documented. Diagnoses include impingement syndrome and traumatic rotator cuff tear. Treatment to date has included diagnostic studies, medications, status post right shoulder arthroscopy on 06/03/2013, status post revision of rotator cuff repair with debridement of the labrum and biceps stump in combination with subacromial decompression and lysis of adhesions on 05/07/2014, and physical therapy. The physician progress note dated 04/07/2015 documents the injured worker has continued right shoulder weakness. She has tenderness to palpation to the right deltoid, and there is mild limitation of range of motion of the right shoulder. There is a positive Neer and Hawking present. The treatment plan includes x rays of the right shoulder. Treatment requested is for Duexis 800mg/26.6mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg/26.6mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Duexis (ibuprofen & famotidine).

Decision rationale: Regarding the request for Duexis, California MTUS does not address the issue. Official Disability Guidelines cites that Duexis (ibuprofen & famotidine) is "Not recommended as a first-line drug... Ibuprofen (eg, Motrin, Advil) and famotidine (eg, Pepcid) are also available in multiple strengths OTC and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDS...with less benefit and higher cost, using Duexis as a first-line therapy is not justified." Within the documentation available for review, there is no indication of failure of first-line therapy and a rationale for the use of this combination medication. In light of the above issues, the currently requested Duexis 800mg/26.6mg #60 with 2 refills is not medically necessary.