

<b>Case Number:</b>	CM15-0127964		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	03/10/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 56 year old male, who sustained an industrial injury on March 10, 2013, incurring upper back, lower back, left knee and left shoulder injuries. He was diagnosed with lumbar facet joint arthropathy, cervical facet joint arthropathy, left knee internal derangement, and left shoulder impingement. Treatment included physical therapy, anti-inflammatory drugs, pain medications, cortisone injections, and activity modifications. Currently, on 5/19/15 the injured worker complained of persistent bilateral low back pain, left knee pain and left shoulder pain with limited range of motion. Range of motion was restricted in the cervical and lumbar regions and tenderness on palpation. The patient has had 5/5 strength and positive neer and Hawkin sign. The pain was aggravated by prolonged sitting, standing, lifting, driving, and lying down. The treatment plan that was requested for authorization included a prescription for Duexis. The medication list includes Ibuprofen and Tramadol.

### 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, ninety count:** 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 07/15/15), Duexis® (ibuprofen & famotidine).

**Decision rationale:** Duexis 800/26.6 mg, ninety count. CA MTUS does not address this request. Per the ODG guidelines cited below 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. (FDA, 2012) 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." A rationale for not using ibuprofen and famotidine as separate tablets is not specified in the records provided. The response to the individual medicines is not specified in the records provided. Therefore the medical necessity of the combination (in one tablet) is not fully established. In addition, the records provided do not specify the duration of NSAID therapy. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Duexis 800/26.6 mg, ninety count is not fully established in this patient. The request is not medically necessary.