

<b>Case Number:</b>	CM15-0171553		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	10/28/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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, Hospice & Palliative 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 48 year old, male who sustained a work related injury on 10-28-14. The diagnoses have included right wrist scapholunate ligament tear with carpal instability and reconstruction surgery. Treatments have included right wrist-forearm surgery 1-30-15, 30 occupational therapy visits and oral medications. Medications he is currently taking include Duexis. In the occupational therapy notes, his pain level has varied from 2-7 out of 10, he has limited range of motion in right wrist and functional use of the right wrist on last visit was at 44%. In the progress notes dated 6-4-15, the injured worker reports improvement in right wrist function with occupational therapy. He is "frustrated by ongoing symptoms which have precluded him from golfing and mountain biking." He states Duexis is helping with his improvement. On physical exam, he has tape on his right arm. The swelling has decreased and his motion in wrist is improving. He is working regular duty. The treatment plan includes continued therapy and a refill of Duexis. In the Utilization Review, dated 8-26-15, Duexis is non-certified as it is not recommended as a first-line drug for pain control and it is unclear why the provider prescribed this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of Duexis 800/26.6 mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Online Edition, 2015 Chapter: Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Duexis (ibuprofen and Famotidine) is a combination medication in the non-steroidal anti-inflammatory drug (NSAID) and H2-blocker classes. The FDA approves the use of this medication to treat heartburn symptoms. The MTUS Guidelines support the use of a proton pump inhibitor, which the worker was also prescribed, when there is an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves the use of both of these classes of medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The literature does not support the use of both of these medications at the same time, as there is no added benefit but increased negative effects and complications can occur. The submitted and reviewed records indicated the worker was experiencing left wrist and hand pain with weakness. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no documentation describing how often this medication was needed or taken, how long the benefit lasted, the worker's gastrointestinal and heart risks, or results of laboratory monitoring tests. The Guidelines stress the importance of on-going monitoring of both the benefits and risks of this medication, and long-term use carries increasing risks. There was no discussion supporting this use of this combination medication in this setting or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets of Duexis (ibuprofen with Famotidine) 800mg/26.6mg is not medically necessary.