

Case Number:	CM15-0172003		
Date Assigned:	09/14/2015	Date of Injury:	03/06/1995
Decision Date:	10/21/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary, who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 6, 1995. In a Utilization Review report dated August 18, 2015, the claims administrator failed to approve a request for Duexis. An August 18, 2015 order form was referenced in the determination, along with a progress note dated July 25, 2015. The applicant's attorney subsequently appealed. On July 7, 2015, the applicant reported ongoing complaints of low back pain. The applicant had ancillary issues to include osteopenia. The applicant is described as having probable issues with atypical epileptiform activity. The applicant had undergone earlier cervical lumbar spine surgeries, in 1995, it was reported. The applicant was on tramadol, Motrin, Zovirax, Zoloft, Depakote, it was reported. The applicant's GI review of systems was negative, it was reported. There was no seeming mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. A discogram was sought. On July 6, 2015, the applicant reported ongoing issues with bipolar disorder. The applicant's GI review of systems was again described as specifically negative for abdominal pain, diarrhea, nausea, vomiting, or jaundice. Multiple medications were endorsed, including Latuda, Artane, Zoloft, and Depakote. There was no mention of the applicant using Duexis on this date. On July 20, 2015, the applicant was described as using Latuda, Depakote, Zoloft, and Artane for issues with bipolar disorder. Once again, there was no mention of the applicant using Duexis at this point. On August 18, 2015, the attending provider stated that the applicant was on Motrin for pain relief. The attending provider stated that he would change Motrin to Duexis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Pain (Chronic), Duexis® (ibuprofen & famotidine).

Decision rationale: No, the request for Duexis, an amalgam of ibuprofen and famotidine, was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines, the attending provider should incorporate some discussion of cost into his choice of recommendations. Here, however, the attending provider failed to furnish a clear or compelling rationale for provision of brand-name Duexis as opposed to providing the applicant with over-the-counter ibuprofen and/or over-the-counter famotidine. This sentiment is echoed by ODG's Chronic Pain Chapter Duexis topic, which also notes that Duexis is not recommended as a first-line drug largely owing to its higher cost. ODG also notes that both of the ingredients in the Duexis amalgam, namely ibuprofen and famotidine, are available in multiple strengths over-the-counter. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of H2 antagonists such as famotidine, one of the ingredients in the Duexis amalgam, to combat issues with NSAID-induced dyspepsia, here, however, the August 15, 2015 progress note at issue made no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia with ibuprofen usage. Since the famotidine component of the Duexis amalgam was not indicated, the entire amalgam was not indicated. Therefore, the request was not medically necessary.