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| Case Number: | CM15-0174228 | | |
| Date Assigned: | 10/20/2015 | Date of Injury: | 04/21/2005 |
| Decision Date: | 12/03/2015 | UR Denial Date: | 04/15/2015 |
| Priority: | Standard | Application Received: | 04/17/2015 |

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: Arizona, 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 59 year old female, who sustained an industrial injury on 4-21-05. Medical records indicate that the injured worker is undergoing treatment for left knee degenerative joint disease, left knee internal derangement and failed left total knee arthroplasty. The injured worker is temporarily totally disabled. On (2-2-15) the injured worker was noted to status-post left total knee arthroscopy. The injured worker had completed 16 physical therapy sessions and was noted to need more post-operative therapy. Examination of the left knee revealed flexion to be 90 degrees and extension 180 degrees. The injured worker did not note gastrointestinal symptoms and there is no documentation of a history of gastrointestinal disease. Treatment and evaluation to date has included medications, physical therapy (16) and a left total knee arthroplasty (11-12-14). A current medication list was not provided in the medical records. The current treatment request is for Duexis 800 mg-26.5 mg # 30. The Utilization Review documentation dated 4-15-15 non-certified the request for Duexis 800 mg-26.5 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG), Pain chapter: Duexis (Ibuprofen & Famotidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 116.

Decision rationale: Duexis contains an NSAID and H2 blocker. According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. H2 blocker is indicated for GERD. Similar to a PPI, it is to be used for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was also previously on Protonix (a PPI) for "stomach upset". Continued use of Duexis is not justified and is not medically necessary.