

Case Number:	CM15-0174763		
Date Assigned:	09/16/2015	Date of Injury:	02/26/2010
Decision Date:	10/23/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/04/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, 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 66 year old male, who sustained an industrial injury on 2-26-10. The documentation noted on 7-30-15 the injured worker was seen for a follow up on her left shoulder that remains in a sling splint. The injured worker had to have a revision arthroscopy six weeks after her surgery last month due to malplacement of a screw. The injured worker started with physical therapy and had two sessions so far and the documentation noted that these have been focused on stretching. The visual analog scale was noted to be four out ten. Left shoulder examination was not done because the injured worker was in a sling and not allowed to remove sling and dressings was still on left shoulder. Magnetic resonance imaging (MRI) of the left shoulder on 12-11-14 showed status post rotator cuff repair, there is extensive tendinosis of the supraspinatus and infraspinatus tendons without evidence of full-thickness tear, partial-thickness tears are not excluded; degenerative changes of the acromioclavicular joint which result in slight impingement and moderate fluid in the subacromial-subdeltoid bursa. Postoperative X-rays demonstrate a type 1 acromion, excision of the distal clavicle and a corkscrew anchor in the greater tuberosity and the corkscrew anchor appears slightly prominent and in a different position that when inserted at the time of surgery, indicating possible loosening. The diagnoses have included tietze's disease. Treatment to date has included physical therapy; clonazepam as needed for anxiety; duexis; flector patch; fluconazole; levoxy; tizanidine and trazodone. The original utilization review (8-19-15) non-certified the request for duexis 800-26.6mg #90 (1 tab by mouth 2-3 daily 30 day supply).

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 (1 tab po 2-3 daily 30 day supply): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (updated 07/15/2015). Duexis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Duexis (ibuprofen and famotodine).

Decision rationale: Regarding the request for Duexis, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. ODG states Duexis is not recommended as a first-line drug. [REDACTED] announced the launch of Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. With higher cost, it would be difficult to justify using Duexis as a first-line therapy. Within the medical information available for review, there is no indication for the need for Duexis as opposed to ibuprofen and famotidine separately. The Guidelines do not recommend Duexis as a first-line drug. In light of the above issues, the currently requested Duexis is not medically necessary.