MAXIMUS Federal Services

Case Number:	CM15-0176129		
Date Assigned:	09/17/2015	Date of Injury:	02/01/2007
Decision Date:	10/19/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This injured worker is a 46 year old female who reported an industrial injury on 2-1-2007. Her diagnoses, and or impressions, were noted to include: lumbar degenerative disc disease; herniated lumbar disc with lumbar radiculopathy; lumbar dyskinesia; and lumbosacral radiculitis and stenosis. No current imaging studies were noted. Her treatments were noted to include medication management and a return to full work duties. The progress notes of 7-10-2015 was hand written and difficult to decipher, but was noted to report a return for a scheduled re-evaluation appointment of low back pain to left leg and foot, 2 months on Duexis 800 mg. Objective findings were noted but were noted to be illegible. The physician's requests for treatments were noted to include Duexis 800 mg, #60. The Request for Authorization, dated 7-10-2015, was for Duexis 800 mg with 5 refills. The Utilization Review of 8-14-2015 non-certified the request for Duexis 800 mg, quantity 60, + 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg, #60 with 5 refills: 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-TWC), Pain Chapter).

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) Duexis (ibuprofen & famotidine).

Decision rationale: Duexis 800mg, #60 with 5 refills is not medically necessary per the MTUs Chronic Pain Medical Treatment Guidelines. The ODG states that Duexis is not recommended as 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. The MTUS states that a patient is at risk for gastrointestinal events if they meet the following criteria; (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The MTUS recommends NSAIDs only for short term use. It is unclear why the patient requires this particular combination medication. The MTUS does not support long-term NSAID use such as 5 refills of this medication. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Duexis is not medically necessary.