

Case Number:	CM15-0178783		
Date Assigned:	09/21/2015	Date of Injury:	03/09/2010
Decision Date:	10/22/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female, who sustained an industrial injury on 3-9-2010. She reported feeling a pop in the left shoulder and pain during work activity. Diagnoses include left shoulder impingement and possible rotator cuff or labral tear; status post arthroscopic surgery on 11-17-12. Treatments to date include activity modification, medication therapy, physical therapy, and cortisone joint injections. Currently, she complained of ongoing left shoulder pain. On 5-11-15, the physical examination documented positive Finkelstein testing and Phalen's testing on the left side with decreased left hand grip strength. There was a positive impingement sign bilaterally with decreased left shoulder range of motion. The appeal requested authorization for Duexis 800-26.6mg, #90 with one refill. The Utilization Review dated 8-12-15, denied the request stating, "There was no evidence in the records reviewed of a history of gastrointestinal complaints with NSAID therapy, therefore, it is not medically necessary" per the California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg quantity 90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG Workers - Compensation Drug Formulary.

Decision rationale: The claimant sustained a work injury in March 2010 and continues to be treated for left shoulder pain that occurred while she was driving a bus. In August 2014, there had been benefit after a subacromial injection. She had not been able to fill prescriptions for Duexis or Norco. Physical examination findings included improved shoulder range of motion and mild impingement testing. There was mild subacromial bursa tenderness. Authorization for medications was requested. The assessment references benefit from using Duexis with the combination of medications helping to resolve gastric upset with use of NSAID medication. Duexis is a combination of ibuprofen 800 mg and famotidine 26.6 mg. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the requesting provider documents a history of gastrointestinal upset when using NSAID medications. In this clinical scenario, guidelines recommend stopping the NSAID, switching to a different NSAID, or considering a proton pump inhibitor or H2-receptor antagonist such as famotidine. However, Duexis is not recommended as a first-line drug and the claimant has not failed treatment with a first line H2 blocker or the other recommended treatment considerations. Therefore, this request for Duexis is not medically necessary.