

Case Number:	CM15-0179574		
Date Assigned:	09/29/2015	Date of Injury:	01/18/2013
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
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: Texas, 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:

This is a 51 year old female patient, who sustained an industrial-work injury on 1-18-13. The diagnoses include cervicothoracic sprain-strain with radiculitis, ulnar neuritis, lumbar sprain-strain, C5-6 instability. Per the doctor's note dated 8/12/15, she had complains of neck pain radiating into the upper back, bilateral shoulder and left upper extremity associated with numbness and weakness. Per the primary physician's progress report (PR-2) dated 8/20/15; her condition was aggravated by emotional distress. There were also panic attacks. The physical examination revealed a fatigued appearance, flat affect, guarded neck motions, decreased range of motion of the cervical spine > 50%, positive compression test, palpable muscle spasms, and decreased sensation over the left upper extremity. The medications list includes Tramadol and Duexis. Her surgical history includes appendectomy, nephrectomy and tonsillectomy. She has had cervical spine MRI dated 3/9/2013 which revealed minimal degenerative changes at C5-6 and C6-7; electrodiagnostic studies of the left upper extremity on 10/29/2013 with normal findings. Treatment to date has included medication, chiropractic care and effective trigger point injections. Current plan of care includes medication, chiropractic sessions, and cognitive behavior therapist. The Request for Authorization requested service to include Duexis 800/26.6mg QTY: 90 with 2 Refills. The Utilization Review on 8-26-15 denied the request for Duexis 800/26.6mg QTY: 90 with 2 Refills, per Official Disability Guidelines - TWC, Pain Chapter, Duexis (Ibuprofen & Famotidine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg QTY: 90 with 2 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 - TWC, Pain Chapter, Duexis (Ibuprofen & Famotidine).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 10/09/15) Duexis® (ibuprofen & famotidine).

Decision rationale: CA MTUS does not address this request. Per the ODG guidelines cited below Duexis is "Not recommended as a first-line drug. Horizon Pharma recently announced the launch of Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. (FDA, 2012) Ibuprofen (eg, Motrin, Advil) and famotidine (e.g., Pepcid) are also available in multiple strengths OTC, and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDS." A rationale for not using OTC ibuprofen and OTC famotidine as separate tablets is not specified in the records provided. The response to the individual medicines is not specified in the records provided. Therefore, the medical necessity of the combination (in one tablet) is not fully established. In addition, the records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of Duexis 800/26.6mg QTY: 90 with 2 refills is not fully established for this patient at this time.