

<b>Case Number:</b>	CM15-0042222		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	04/12/2014
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, 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:

The injured worker is a 56 year old female who sustained a work related knee twisting injury April 12, 2014. According to a treating physician's operating room report, dated November 21, 2014, the injured worker underwent a video arthroscopy right knee, synovectomy x 3 compartment, and chondroplasty x 3 compartment, removal of loose bodies, partial medial and lateral meniscectomy, and facial sheath injection. Post-operative diagnoses included right knee meniscus tear, right knee synovitis, right knee effusion and right knee chondromalacia. According to physical therapy notes, she underwent physical therapy from December 15, 2014 to January 16, 2015, which also included a home program for the right knee. There are no current treating physician progress reports or request for authorization present in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis (ibuprofen-famotidine) 800-26.6mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 72, 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** Duexis is a combination of Ibuprofen and Famotidine. There is no documentation that the patient have a history of GI disease and failed the prescription of Ibuprofen and Famotidine separately. There is no controlled studies supporting the superiority of Duexis to Ibuprofen an Famotidine prescribed separately. According to MTUS guidelines, Famotidine is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient have GI issue that requires the use of Duexis. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Duexis 800mg/26.6 #90 prescription with 2 refills is not medically necessary.