

Case Number:	CM15-0069433		
Date Assigned:	04/17/2015	Date of Injury:	12/22/2009
Decision Date:	05/27/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/13/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old male, who sustained an industrial injury on 12/22/09. The initial complaints were not noted. The injured worker was diagnosed as having compression neuropathy bilateral wrist. Treatment to date has included acupuncture. Currently, the PR-2 notes dated 3/4/15 indicate the injured worker was there for a reevaluation of his bilateral carpal tunnel syndrome. He tried acupuncture which did give him relief and his is interested in getting a prescription and more acupuncture. He has not had an EMG/NCV study. The physical examination of the injured worker's bilateral hands reveal some decreased sensation to light touch in the median nerve distribution; no thenar atrophy and positive Tinel's sign of the carpal tunnels with positive Phalen's and Durkan's test. The provider has submitted a procedure report for an Esophagogastroduodenoscopy and colonoscopy preformed on 12/6/13 due to gastritis, diverticulosis and change in bowel habits. The treatment plan on the PR-2 dated 3/4/15 was for an authorization of EMG/NCV bilateral upper extremities; acupuncture 2x6 (12 sessions) and medications: Duexis 800mg #30 since the injured worker has had gastrointestinal issues and anti-inflammatories in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Duexis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatories NSAIDs, GI symptoms & cardiovascular risk Page(s): 22, 69.

Decision rationale: The patient presents with bilateral carpal tunnel syndrome. The request is for DUEXIS 800MG #30. The provided RFA is dated 03/12/15 and the patient's date of injury is 12/22/09. The diagnoses include compression neuropathy bilateral wrist and carpal tunnel syndrome. Treatment to date has included acupuncture. Medications include Duexis, Metoprolol, Travatan, Omeprazole, and Anusol-HC. The patient is retired. Per FDA label indication, Duexis is a combination of the NSAID Ibuprofen and the histamine H2-receptor antagonist famotidine indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers, which in the clinical trials was defined as a gastric and/or duodenal ulcer, in patients who are taking ibuprofen for those indications. The clinical trials primarily enrolled patients less than 65 years of age without a prior history of gastrointestinal ulcer. MTUS Guidelines page 22 states "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." For Famotidine, MTUS page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Per 03/04/15 report, treater states, "We gave him a prescription for Duexis since he has had gastrointestinal issues with anti-inflammatories in the past." It appears treater is initiating the medication as it is not included in prior reports. MTUS does not recommend routine use of PPI's for prophylactic use without a proper GI risk assessment. In this case, the treater states that the patient has had GI issues in the past, although this is not very well defined. Trial of Duexis appear reasonable. For continued use, documentation of pain and function is required. The request IS medically necessary.