

Case Number:	CM15-0073956		
Date Assigned:	04/24/2015	Date of Injury:	04/06/2010
Decision Date:	05/27/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/17/2015

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: Preventive Medicine, Occupational 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 53 year old male, who sustained an industrial injury on 4/06/2010. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical disc disease, cervical radiculopathy, and bilateral shoulder impingement. Treatment to date has included medications. Currently, the injured worker complains of radiating pain and tingling in his left upper extremity when he tilted his head to the side. He was working full duty. Motrin was renewed. Gastrointestinal symptoms were not described. A request was made for Duexis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800-26.6mg #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 (ODG), Chapter: Pain (Chronic) Duexis (ibuprofen & famotidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 111.

Decision rationale: Duexis (famotidine and ibuprofen) is used to treat the signs and symptoms of rheumatoid arthritis and osteoarthritis. For the purposes of this review, it can be thought of it is a compounded medication. According to the MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS also states that prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used 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. There is no documentation that the patient has any of the risk factors needed to recommend Duexis, which contains the proton pump inhibitor Famotidine. Duexis 800-26.6mg #90 with 2 refills is not medically necessary.