

<b>Case Number:</b>	CM15-0092531		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Emergency 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 38 year old male, who sustained an industrial injury on 9/6/12. He has reported initial complaints of right arm injury after a co-worker pushed a large cart with wheels into him and caused him to fall on his right arm/elbow. The diagnoses have included lumbar strain, lumbar spine pain, coccygodynia and fracture/dislocation of the right elbow. Treatment to date has included medications, diagnostics, activity modifications, cane, lumbar support brace, sling, injections, and physical therapy. Currently, as per the physician progress note dated 3/31/15, the injured worker returns for a follow up exam and the injured worker provided a letter that he is going back to the agreed medical evaluator who saw him previously for the lumbar spine and he has a medication card from the insurance carrier. The physical exam is unchanged. There is loss of lordotic curvature in the lumbar spine and palpable tenderness in the thoracic spine with muscle guarding. He uses a single point cane and is unable to stand up right because of the pain. There was no further exam performed. The impression is pain complaints unresolved. The diagnostic testing that was performed included x-rays of the right arm/elbow and Magnetic Resonance Imaging (MRI) of the lumbar spine. There was no diagnostic reports noted in the records, the current medications were not noted and the previous physical therapy sessions were not included in the records. The physician noted that he did well with the samples of Duexis the combination medication of Ibuprofen/famotidine. The physician requested treatment included Duexis (Ibuprofen/famotidine 800mg 26.6) #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis (Ibuprofen/famotidine 800mg 26.6) #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Duexis (Ibuprofen & Famotidine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68 of 127.

**Decision rationale:** The patient sustained his injury in September of 2012. He was diagnosed with a fracture/dislocation of the right elbow and lumbar strain. He has been treated with medications, injections, physical therapy. He continues to have ongoing discomfort. The request is for Duexis which is a combination NSAID and acid reducing medication. The MTUS guidelines state that acid reducing medication is indicated under certain circumstances when there is a high risk for a gastrointestinal event. The risk factors are as follows: "(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 inadequate documentation indicating that the patient would be categorized as such. The request is not medically necessary.