MAXIMUS Federal Services

Case Number:	CM15-0094425		
Date Assigned:	05/21/2015	Date of Injury:	02/01/2013
Decision Date:	06/22/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/18/2015

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: 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:

The injured worker is a 46 year old female, who sustained an industrial injury on 2/01/2013. Diagnoses include cervical degenerative disc disease with radiculopathy, lumbar degenerative disc disease with radiculopathy, lumbar facet arthropathy, and cervical facet arthropathy left side. Treatment to date has included medications, one epidural steroid injection, nerve root blocks and physical therapy. Per the Primary Treating Physician's Progress Report dated 5/1/2015, the injured worker reported low back pain with bilateral leg pain. Low back pain is rated as 1/10 on a subjective numerical pain scale. Physical examination revealed pain on extension of neck and left rotation with spasm. There was pain upon palpation of the left shoulder. There was pain upon flexion of the lower back and a positive straight leg raise at 85 degrees on the left and 90 degrees on the right. The plan of care included injections and medications and authorization was requested for Duexis #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Duexis 800mg: 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 (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Chronic Pain Section: Duexis.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines do not comment on the use of Duexis, which is a combination drug including the NSAID (ibuprofen) and the H2 Blocker (famotidine). However, the Official Disability Guidelines do address this combination medication. These guidelines state the following on Duexis: Duexis is not recommended as as a first-line drug. [redacted] 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 (eg, Pepcid) are also available in multiple strengths OTC, and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDS. With less benefit and higher cost, using Duexis as a first-line therapy is not justified. In this case, there is insufficient evidence that other first-line medications had been given an adequate trial prior to the prescription for Duexis. Further, there is no evidence that the patient has rheumatoid arthritis or osteoarthritis. For these reasons, Duexis is not considered as medically necessary.