

<b>Case Number:</b>	CM15-0099704		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	06/23/2009
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58-year-old female, who sustained an industrial injury on 6/23/09. She reported bilateral knee, left ankle, left wrist and low back injuries. The injured worker was diagnosed as having right lateral and medial epicondylitis, left medial epicondylitis, status post left wrist arthroscopic debridement of triangular fibro cartilage complex, right wrist dorsal ganglion, right index trigger finger, possible bilateral carpal tunnel syndrome and multiple other musculoskeletal diagnoses concerning the shoulders, lower extremities and spine. Treatment to date has included arthroscopic surgery to both knees, physical therapy, 3 epidural injections to low back, anti-inflammatories, oral opioids including Duexis and Norco, wrist braces and activity restrictions. Currently, the injured worker complains of right elbow pain, left elbow pain, left wrist pain, pulling sensation in right index finger and difficulty moving right index finger. She continues to work as a RN admitting room supervisor. Physical exam noted tenderness of right elbow at lateral epicondyle with increased pain with range of motion, tenderness in right medial epicondyle and increased pain with range of motion; left wrist is tender with palpation and right index finger A1 pulley is tender. The treatment plan included continuation of Duexis and wearing of wrist braces and epicondylitis straps.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duexis 800mg #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 (ODG), Pain Chapter, Duexis (ibuprofen & famotidine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71. Decision based on Non-MTUS Citation Duexis prescribing information.

**Decision rationale:** The claimant sustained a work injury in June 2009 and continues to be treated for bilateral elbow and left wrist pain, and difficulty moving her right index finger. When seen, review of systems was negative for gastrointestinal problems. Medications being prescribed included ibuprofen and Prevacid. There was elbow tenderness, wrist tenderness, and right index finger tenderness. She had pain with elbow range of motion. Duexis is a combination of ibuprofen 800 mg and famotidine 26.6 mg. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Dosing of ibuprofen should not exceed 3200 mg/day. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. She is taking a non-steroidal anti-inflammatory medication at a dose consistent with guideline recommendations. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend that an H2-receptor blocker such as famotidine, which is a component of Duexis, be prescribed. Prevacid is also being prescribed which is duplicative and also not medically necessary. Prescribing Duexis was not medically necessary.