

<b>Case Number:</b>	CM14-0140556		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/02/2002
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

After careful review of the medical records, this is a 50 year old female with complaints of low back pain. The date of injury is 4/2/02 and the mechanism of injury is not elicited. At the time of request for Duexis 800/26.6 mg #270, there is subjective (low back pain, right leg pain) and objective (painless range of motion lumbar spine 50%, back pain) findings, imaging findings (none supplied), diagnoses (lumbar herniated disc), and treatment to date (medications, home exercise). There is inconsistent evidence for the use of NSAID medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects. The addition of a PPI in the setting of long term NSAID use may be indicated if gastrointestinal symptoms are present.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**270 tablets of Duexis 800/26.6 mg:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Duexis (ibuprofen & famotidine)

**Decision rationale:** Per MTUS-Chronic Pain Medication Treatment Guidelines and ODG, there is inconsistent evidence for the use of NSAID medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects. Unfortunately, there is no documentation of efficacy of pharmacologic therapy in the medical records provided nor is there documentation of a failure of ibuprofen/naproxen with a PPI. The addition of a PPI in the setting of long term NSAID use may be indicated if gastrointestinal symptoms are present. In this case, there is documentation of severe gastrointestinal symptoms but no mention of analgesic efficacy of any of the NSAID pharmacotherapy. Therefore, the request for Duexis 800/26.6mg #270 is not medically necessary.