

Case Number:	CM14-0142193		
Date Assigned:	09/12/2014	Date of Injury:	09/07/2010
Decision Date:	10/07/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational Medicine and is licensed to practice in California. 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:

There were 110 pages provided for this review. The application for independent medical review was signed on August 26, 2014. It was for Duexis 800 mg by mouth twice a day to once a day after food, number 100 for 3 refills. The physician peer review was from August 15, 2014. Per the records provided, the patient is a 41-year-old female injured on September 7, 2010. She had a right shoulder arthroscopic decompression and debridement of an anterior labral tear on June 3, 2011. There was a peripheral neuropathy of unknown etiology that was not work-related and an electrodiagnostic study report from November 2012. A right shoulder MRI from December 14, 2010 showed a cuff tendinosis without tear. A qualified medical examination was done on November 13, 2012. Future medical care would include cervical spine therapy and possible trigger point injections. The patient would require no more than 18 therapy sessions per year. A cervical spine MRI from March 19, 2014 showed slight asymmetry of the neural foramina at C3-C4 with the rest of the interspace is appearing unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg, #100 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Duexis

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

Decision rationale: The MTUS is silent on Duexis. Regarding, Duexis, the ODG notes: not recommended as a first-line drug. Horizon Pharma 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. See NSAIDS, GI symptoms & cardiovascular risk, where Proton pump inhibitors (PPIs) are recommended. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy. Duexis is a prescription combination of Ibuprofen and Famotidine, both of which are available over the counter. It is not clear there is GERD to warrant a proton pump inhibitor like famotidine, but if there were, over the counter medicines would be sufficient, and this special prescription preparation would not be necessary. The request is not medically necessary.