

Case Number:	CM14-0145169		
Date Assigned:	09/12/2014	Date of Injury:	03/10/2009
Decision Date:	10/22/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/08/2014

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 Internal 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:

The injured worker is a 45 year old male injured on March 10, 2009 due to heavy lifting. Diagnoses included right low back strain with left greater than right lower extremity lumbar radiculitis, and sleep disturbance due to pain. Progress report dated 06/23/14 indicates the injured worker presented complaining of midline low back pain with right lateral thigh pain to right knee only. Physical examination revealed gait is mildly antalgic, paraspinal muscles are symmetrical without spasm or guarding, deep tendon reflexes are symmetrical in the bilateral lower extremities, straight leg raising is positive on the left. The initial request was noncertified on 08/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg/26.6mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Online Edition, Pain (Chronic) Chapter, Duexis (Ibuprofen & Famotidine)

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

Decision rationale: As noted in the Official Disability Guidelines, Duexis is a combination of ibuprofen and famotidine. Current guidelines do not recommend Duexis as a first line drug treatment when both components of Duexis are readily available with over the counter formulations in multiple strengths and variations. With less benefit and higher cost, it is difficult to justify using Duexis as a first line therapy. As such, the request for Duexis 800/26.6 milligrams, quantity ninety cannot be recommended as medically necessary at this time.