

<b>Case Number:</b>	CM14-0100335		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/08/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 50-year-old male who was reportedly injured on 02/08/2010. The mechanism of injury is noted as a cumulative work injury from repetitive lifting up to 75 pounds, reaching overhead, twisting, turning, kneeling, prolonged sitting, standing and walking and awkward body positioning as an energy technician. Diagnoses include disc bulges L4-5 and L5-S1 with annular tears. Last progress report dated 06/17/2014 notes the injured worker as using an H-wave device as needed for pain relief. Pain level is 7-8/10 without medications and 3-4/10 with medications. Current medications are cyclobenzaprine 10mg and naproxen 550mg. A request was made for flurbiprofen/ranitidine 100/100mg #90 with 3 refills and was not certified on 06/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Ranitidine 100/100mg #90 w/3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen - NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines - Chronic pain NSAIDs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, PPIs Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, NSAIDs

**Decision rationale:** The claimant has no neurologic deficits and the last office note from 6/17/14 reveals the claimant has and uses a H wave stimulator, ice packs and Naprosyn for adequate pain control. The documentation provided does not support the request for a combination medication of flurbiprofen/ranitidine. While NSAIDs may precipitate gastritis or other GI symptoms, there is no discussion of such. Furthermore, there is no explanation for the prescription of the combination medication as each component, flurbiprofen (NSAID) and ranitidine (Zantac) are available singularly, i.e. inability to comply with 2 medication regimen. It would seem that the rationale for the compounded medication is patient convenience. ODG holds that the addition of proton pump inhibitor such as imperazole is predicated on the presence of GI risk factors, such as age, history of GI bleeding or gastric ulceration, etc. No risk factors have been documented to support the flurbiprofen/ranitidine combination/compound medication. Therefore, the request remains not medically necessary.