

<b>Case Number:</b>	CM14-0102936		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 28-year-old female with a reported injury on 09/24/2013. The mechanism of injury was the lifting of a combative person and taking them to the ground. The injured worker's diagnoses included musculoligamentous sprain of the cervical spine with upper extremity radiculitis, bilateral shoulder tendonitis, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, disc bulge at L4-5 and L5-S1, trochanteric bursitis of the left hip, possible labral tear of the left hip, lateral meniscus tear of the left knee, chondromalacia medial femoral condyle of the left knee, disc bulge (C2-3, C3-4, C4-5, C5-6, C6-7, and T3-4), status post left knee arthroscopy with partial lateral meniscectomy, glenoid labrum tear of the bilateral shoulders, and tendinosis gluteus minimus on the left. The injured worker's past treatments included medications, physical therapy, and chiropractic care. The injured worker's diagnostic studies included a chest x-ray and x-rays of the left hand and finger, knee, thoracic spine, and cervical spine, CT of the neck, MRI of the left shoulder, right shoulder, C spine, left hip, left knee, and lumbar spine. The injured worker's surgical history included a left knee arthroscopy with partial lateral meniscectomy on 05/07/2014. The injured worker was evaluated on 05/16/2014 for neck and back pain which was increased and new onset headaches. The injured worker also complained of bilateral shoulder, low back, left hip, and left knee pain. The clinician observed and reported satisfactory healing of incision of the left knee. The clinician's treatment plan was to remove the sutures and prescribed flurbiprofen/Ranitidine for chronic pain. Also, a request for aqua therapy was initiated. The request was for Flurbiprofen/ranitidine 100/100mg #90 with 3 refills (1x4). The rationale for this request was that cautions must be made in regards to increased gastrointestinal adverse effects. The Request for Authorization form was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/ranitidine100/100mg #90 with 3 refills (1x4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69..

**Decision rationale:** The injured worker continued to complain of pain. The California MTUS Chronic Pain Guidelines recommend the use of proton pump inhibitors for patients with a moderate to high risk of gastrointestinal events who are currently on a nonsteroidal anti-inflammatory. The guidelines recommend the use of flurbiprofen for the treatment of osteoarthritis and mild to moderate pain; however, H2 blockers are not the class of choice for gastrointestinal protection. The injured worker does not meet the requirements to be considered as high risk for gastrointestinal events such as an age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose or multiple nonsteroidal anti-inflammatories. Additionally, the request does not indicate a frequency of dosing. Therefore, the request for Flurbiprofen/ranitidine100/100mg #90 with 3 refills (1x4) is not medically necessary.