

Case Number:	CM14-0137600		
Date Assigned:	09/05/2014	Date of Injury:	08/24/2012
Decision Date:	10/02/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family 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:

This is a 25-year-old male who reported an industrial injury on 8/24/2012, over two years ago, attributed to the performance of his usual and customary job tasks. The patient was documented to have undergone right knee arthroscopy with chondroplasty and a lateral release on 1/30/2013 with subsequent rehabilitation physical therapy. The patient was subsequently prescribed ibuprofen and topical compounded creams. The patient reported ongoing patellofemoral pain. The patient was prescribed compounded Flurbiprofen/Ranitidine 100/100 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen, rantidine 100/100mg capsules, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain and NSAIDs

Decision rationale: The treating physician has prescribed Flurbiprofen with Zantac/Ranitidine (Flurbitac) without any documentation why the previously prescribed ibuprofen was insufficient for treatment of the effects of the reported industrial injury. The NSAID is being changed from

ibuprofen to flurbiprofen 100 mg in combination with 100 mg of Ranitidine. There is no objective evidence that the H2 inhibitor is as effective at protecting the mucosal layer of the stomach as the recommended proton pump inhibitors. Generally, the proton pump inhibitors are prescribed to protect the stomach lining from the chemical effects of NSAIDs. There are prescribed NSAIDs in the current medical documentation; however, there is no objective evidence provided that the prescribed NSAIDs have caused GI upset due to the erosion of the GI mucosa. The protection of the stomach lining from NSAIDs is appropriately provided with the proton pump inhibitors such as Omeprazole. There are no documented GI issues with the prescribed Medications and the H2 blocker is prescribed prophylactically. The NSAIDs are recommended for the treatment of inflammation associated with chronic pain; however, there is no demonstrated medical necessity for a compounded and NSAID in combination with Zantac/ranitidine. There is no objective evidence to support the combination medication over the same medications prescribed conventionally as separate tabs. There is no objective evidence that the patient cannot be treated adequately with over-the-counter medications. The treating physician failed to demonstrate that Ibuprofen was ineffective or that Omeprazole was medically necessary with Ibuprofen. The Flurbiprofen was not demonstrated to cause stomach lining erosion or an upset stomach up taking the NSAID. The combination Flurbiprofen/Ranitidine was prescribed routinely without a demonstrated medical necessity. There is no rationale or medical necessity for the combination medication to be prescribed to this patient over an individual NSAID in a conventional form. Therefore, the prescribed flurbiprofen/ranitidine 100 mg/100 mg #60 is not demonstrated to be medically necessary over 18 months status post date of surgery to the knee.