

Case Number:	CM14-0139049		
Date Assigned:	09/05/2014	Date of Injury:	11/29/2010
Decision Date:	10/02/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/27/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 50 year old female with an injury date of 11/29/10. Based on 05/15/14 progress report provided by [REDACTED], the patient complains of right hip and right knee pain. Physical examination showed decreased range of motion to hip with extension at 0 degrees and flexion at 100 degrees. Right knee range of motion was extension 0 degrees and flexion 135 degrees. Patient is permanent and stationary having reached maximum medical improvement for her right hip and knee. She has had lidocaine, marcaine injection to her right knee on 02/14/2012 and was on physical therapy until 01/11/12. Per progress report dated 04/22/14, patient also complains of low back pain rated 8/10 and takes ibuprofen. Exacerbation of pain is localized at left SI joint. She is also continuing physical therapy. Diagnosis 05/15/14- right hip labral tear, status post right hip diagnostic arthroscopy and partial labral excision (12/13/12).- Status post 3rd right hip arthroscopy with labral resection and iliopsoas tendon release (01/30/14)- Patellar fracture and chondral injury, right knee.- Status post right knee arthroscopy with arthroscopic partial synovectomy and chondroplasty of the medial femoral condyle (07/27/11). Diagnostic impression: musculoligamentous sprain of the lumbar spine with lower extremity radiculitis. Patient is continuing exercises and taking Motrin. (per progress report dated 7/7/14 by [REDACTED] enclosed in utilization review letter dated 7/30/14 by [REDACTED] is requesting Flurbiprofen 100mg/Ranitidine 100mg, Quantity 90. The utilization review determination being challenged is dated 07/30/14. The rationale is since MTUS is silent about compounded medications, ODG does not recommend compounded medications for first-line therapy for most patients. There is no documentation of patient failing to respond to non-compounded formulation of NSAID and H2 blocker. [REDACTED] is the requesting provider, and he has provided progress reports from 02/07/14 - 05/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 100mg/Ranitidine 100mg, Quantity 90.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-68 and 70. Decision based on Non-MTUS Citation Official Disability Guidelines - Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; NSAIDs, GI symptoms & cardiovascular risk Page(s): 60, 61; 69.

Decision rationale: Patient presents with right hip, right knee and lumbar spine pain. The request is for Flurbiprofen 100mg/Ranitidine 100mg, Quantity 90. Patient is status post 3rd right hip arthroscopy, right knee arthroscopy and has sprain in lumbar spine. Regarding NSAID's, medications for chronic pain, MTUS pg60, and 61states: "A record of pain and function with the medication should be recorded." Review of reports does not show documentation of functional benefit from Flurbiprofen. Regarding Ranitidine, MTUS Chronic Pain Medical Treatment Guidelines: NSAIDs, GI symptoms & cardiovascular risk, Pg 68-69 states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Ranitidine, may be beneficial for dyspepsia due to NSAID use, however Flurbiprofen does not meet guideline requirements. There is no documentation of GI assessment to warrant NSAID prophylaxis, and no dyspepsia or other GI issues documented requiring Ranitidine therefore Flurbiprofen 100mg/Ranitidine 100mg, Quantity 90 is not medically necessary.