

Case Number:	CM14-0037428		
Date Assigned:	06/25/2014	Date of Injury:	11/18/2010
Decision Date:	07/28/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/28/2014

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 Anesthesiology 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 48-year-old male with a date of injury of 11/18/2010. The patient's diagnoses include lumbosacral sprain/strain with left lower extremity radiculitis, left greater than right sciatic symptoms and left shoulder tendinitis. In a note dated November 18, 2013 there is documentation of patient complaints of low back pain, numbness and tingling. The pain reportedly radiates down the right and left lower extremities. The patient's symptoms are noted to be aggravated by increased activity and alleviated by taking medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbitac 100/100mg 1 tab 2-3 times daily #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms and cardiovascular risk, pgs 68-72 Page(s): 68-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms and cardiovascular risk.

Decision rationale: This is a review for Flurbitac 100/100 mg. Flurbitac is a combination medication consisting of Flurbiprofen and Ranitidine, 100 mg each. Flurbiprofen is a non-

steroidal anti-inflammatory drug or NSAID. Ranitidine is a histamine (H2) receptor antagonist, which inhibits stomach acid production. It is generally used for treating peptic ulcer disease. According to MTUS guidelines flurbiprofen is recommended for mild to moderate pain. The MTUS is silent on the issue of flurbitac for pain management. The ODG also recommends NSAIDS including flurbiprofen for the treatment of pain, however there is no ODG recommendation for flurbitac. In addition, there is no documented evidence of intensity of pain after taking flurbitac, how long it takes for pain relief or how long pain lasts before and after taking flurbitac. Also there is no documented evidence of the indications for NSAIDs weighed against GI risk factors. There is no documentation of GI risk factors. The ODG recommends NSAIDs with precautions in patients who are determined to be at risk for gastrointestinal events. There is no indication or documented evidence this patient is at risk. For patients who are at risk for gastrointestinal events the ODG recommendation is for a Cox-2 selective agent and a Proton Pump Inhibitor, not an H2 receptor antagonist. According to the ODG an H2 receptor antagonist may be considered in treatment of dyspepsia secondary to NSAID therapy. There is no documented evidence of a diagnosis of dyspepsia related to NSAID therapy in this patient. Therefore, the above listed issue is not medically necessary.