

<b>Case Number:</b>	CM14-0047780		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/31/1996
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation 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 63-year-old male who had a work related injury on 01/31/96. Mechanism of injury was not documented. Most recent progress notes submitted was dated 02/06/14, which stated that the injured worker was taking Ketoprofen and Omeprazole, which was helping his pain and stomach irritation. His pain level was two with medication and five without medication. He had been attending physical therapy without any significant relief of his symptoms. The injured worker is not working as he is retired. He was currently complaining of neck pain, stiffness with mild pain on the right side, daily headaches, constant mid back pain, low back there was slight pain, and constant stiffness. There was numbness on the first toe of both feet. Physical examination on 02/-6/2014 indicated that the injured worker lacked two to three fingerbreadths from touching chin to chest. Diagnosis includes musculoligamentous sprain of the cervical spine; disc protrusion C3-4 C4-5 C5-6 C7-T1; possible manipulation injury to the neck; musculoskeletal musculoligamentous sprain of lumbar spine with lower extremities radiculitis; disc bulge T4-5 and T8-9; disc bulge L3-4 and L5-S1; disc protrusion L4-5; carpal tunnel syndrome right wrist; disc herniation C6-7; disc bulge L1-2 L2-3 L3-4 L4-5 and L5-S1; and right L4 radiculopathy. The injured worker received Toradol injection at last visit. Prior utilization review 03/18/14 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for #90 Flurbitac 100/100 mg (Flurbiprofen/Ranitidine) (██████████): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Flurbitac (2013). In Physicians' desk reference 67th ed.

**Decision rationale:** The clinical documentation and current evidence based guidelines do not support the presented request. Flurbiprofen/Ranitidine is a combination of Ansaïd and Zantac. Additionally, the medical records does not provide any documentation of gastrointestinal problems. Therefore, the request for one prescription for #90 Flurbitac 100/100 mg (Flurbiprofen/Ranitidine) ( [REDACTED] ) is not medically necessary and appropriate.