

Case Number:	CM14-0066760		
Date Assigned:	07/16/2014	Date of Injury:	04/03/2010
Decision Date:	08/18/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/12/2014

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 Preventive 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:

According to the records made available for review, this is a 60-year-old female with an 4/3/10 date of injury. At the time (4/3/14) of request for authorization for Med x1 Ranitidine/Flurbiprofen 100/100 mg #60, there is documentation of subjective (anxiety, depression, insomnia, headaches, and chronic musculoskeletal pain of the left shoulder, neck, head and right knee) and objective (tenderness to palpation of the right knee and left shoulder with decreased ranges of motion; positive speed's and supraspinatus tests of the left shoulder; positive distraction test and foraminal compression bilaterally; tenderness to palpation of the bilateral cervical paraspinal and trapezius muscles with spasms; right knee positive Lachman's test, abduction test and adduction test, and tenderness with spasms of the right vastus medialis and vastus lateralis muscles) findings, current diagnoses (cervical sprain, left shoulder derangement status post surgery, right knee sprain, insomnia, anxiety/stress, and cervical disc protrusion), and treatment to date (ongoing therapy with Flurbitec (Ranitidine/Flurbiprofen) and Ambien). In addition, medical report plan identifies continue treatment with Flurbitec (Ranitidine/Flurbiprofen) 100/100 mg, #60, 1 tablet 2 times per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med times 1 Ranitidine/Flurbiprofen 100/100 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69; 67-68.

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID, as criteria necessary to support the medical necessity of Ranitidine. Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical sprain, left shoulder derangement status post surgery, right knee sprain, insomnia, anxiety/stress, and cervical disc protrusion. In addition, there is documentation of chronic pain. However, there is no documentation of risk for gastrointestinal event (age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID). In addition, given documentation of ongoing treatment with Ranitidine/Flurbiprofen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ranitidine/Flurbiprofen. Furthermore, despite documentation of a plan identifying continue treatment with Flurbitec (Ranitidine/Flurbiprofen) 100/100 mg, #60, 1 tablet 2 times per day, there is no documentation of a statement identifying why a compounded medication (as opposed to the individual medications (Ranitidine and Flurbiprofen)) is needed for this patient. Therefore, based on guidelines and a review of the evidence, the request for Med x1 Ranitidine/Flurbiprofen 100/100 mg #60 is not medically necessary.