

Case Number:	CM14-0087484		
Date Assigned:	07/23/2014	Date of Injury:	08/02/2011
Decision Date:	10/02/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/11/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, bilateral shoulder, bilateral hand, and bilateral elbow pain reportedly associated with an industrial injury of August 2, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; a TENS unit; cervical epidural steroid injection therapy; and shoulder corticosteroid injection therapy. In a Utilization Review Report dated May 19, 2014, the claims administrator denied a request for Ranitidine-Flurbiprofen compounded drug. In its Utilization Review Report, the claims administrator stated that there was no evidence of dyspepsia present which would support the compounded agent in question. The claims administrator based its decision, in large part, on an April 28, 2014 medical report which the claims administrator stated was incomplete. The applicant's attorney subsequently appealed. In a February 13, 2014 medical-legal evaluation, the applicant was described as having a history of gastritis. The applicant was currently using Naprosyn, Zoloft, and analgesic pain ointments. In a March 21, 2014 progress note, the applicant reported persistent complaints of neck pain and right upper extremity pain reportedly attributed to complex regional pain syndrome of the right upper extremity. Decreased shoulder range of motion was noted. Lyrica and Lidoderm were endorsed. In an April 28, 2014 note, the applicant did report multifocal pain complaints, including elbow pain, shoulder pain, depression, wrist pain, finger pain, thumb pain, and neck pain. The applicant presented to obtain medication refills. The applicant was status post cervical epidural steroid injection therapy, it was acknowledged. The applicant was on Zoloft, Lyrica, Norco, Prilosec, Motrin, and Seroquel, it was acknowledged. Medications were ameliorating the applicant's sleep, it was suggested. Flurbiprofen-Ranitidine was endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine/Flurbiprofen 100/100 mg capsule #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 67-69, 71. Decision based on Non-MTUS Citation Official Disability Guidelines, pain, compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic. NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s):.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Flurbiprofen do present a traditional first line of treatment for various chronic pain conditions, including the chronic multifocal pain syndrome reportedly present here. Similarly, page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of H2 antagonist such as ranitidine to combat issues with NSAID-induced dyspepsia. In this case, contrary to what was suggested by the attending provider, the applicant does have a history of gastritis/dyspepsia, as suggested on a medical-legal evaluation dated February 13, 2014. The Flurbiprofen-Ranitidine oral amalgam at issue is, by implication, an appropriate treatment option here. Therefore, the request is medically necessary.