

Case Number:	CM14-0089848		
Date Assigned:	07/23/2014	Date of Injury:	05/16/2013
Decision Date:	08/28/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/13/2014

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, Pain Medicine 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 47 year old female who sustained an injury on 05/16/03. The original mechanism of injury was not noted. The injured worker was documented to have sustained a cumulative trauma type injury in 2013 with the associated development of anxiety secondary to stress. The injured worker has also been followed for persistent chronic mid and low back pain that ranged from 2/10 on the visual analog scale (VAS) for the neck to 8/10 at the bilateral wrists and 6/10 in the low back. The injured worker was utilizing anti-inflammatories that controlled symptoms and reduced pain from 9 to 6/10 on the VAS. On physical examination, there was noted tenderness to palpation in the cervical spine at the paravertebral musculature. Spurling's sign was positive to the right. Some weakness was present in the right upper extremity in multiple myotomal distributions. There was sensory loss in a C5-6 distribution. There was tenderness to palpation in the thoracic and lumbar spine musculature with loss of lumbar range of motion. The injured worker was working at this evaluation with restrictions. The injured worker was referred for additional physical therapy and continued on Motrin 800mg every 8 hours with food at this evaluation. The injured worker was also requested to have a topical compounded medication that included Flurbiprofen and Cyclobenzaprine. The requested combination of Flurbiprofen and ranitidine 100/100mg, quantity 90 was denied by utilization review on 05/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen (NSAID)/Ranitidine (GI drug) (100/100mg) #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: There is no indication from the clinical reports that the injured worker was unable to tolerate standard anti-inflammatories with separate proton pump inhibitors. The injured worker is noted to have had gastric symptoms with a history of anti-inflammatory usage; however, there is no indication that the injured worker was first trialed on separate anti-inflammatory and proton pump inhibitor medications. Combination anti-inflammatory and proton pump inhibitor medications are relatively expensive compared to their separate counterparts. Without indications that the injured worker was unable to tolerate separate anti-inflammatories and proton pump inhibitors, the request is not medically necessary.