MAXIMUS Federal Services

Case Number:	CM15-0205389		
Date Assigned:	10/22/2015	Date of Injury:	11/03/2013
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 knee, shoulder, and low back pain reportedly associated with an industrial injury of November 3, 2013. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve a request for a flurbiprofen-ranitidine amalgam. A September 8, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On September 8, 2015, the applicant reported multifocal complaints of knee, shoulder, and low back pain. A flurbiprofen-ranitidine amalgam was endorsed. The applicant was seemingly working, the treating provider acknowledged. The treating provider seemingly suggested that flurbiprofen-ranitidine amalgam was being employed for cytoprotective effect purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen /Ranitidine (100mg/100mg) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation MD Consult Drug Monograph updated 01/21/2012.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: No, the request for a flurbiprofen-ranitidine amalgam was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as ranitidine can be employed to combat issues with NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any active symptoms of reflux, heartburn, and/or dyspepsia on the September 8, 2015 office visit at issue. Rather, the attending provider suggested that the flurbiprofen-ranitidine amalgam had been employed for cytoprotective effect purposes (as opposed to for actual symptoms of reflux). However, the applicant's seemingly failure to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for usage of ranitidine for cytoprotective effect purposes. Namely, the applicant was only using one NSAID, flurbiprofen, was less than 65 years of age (age 54), was not using NSAIDs in conjunction with corticosteroids, and had no known history of GI bleeding or peptic ulcer disease. Since the ranitidine component of the amalgam was not indicated, the entire amalgam was not indicated. Therefore, the request is not medically necessary.