

Case Number:	CM14-0118106		
Date Assigned:	08/06/2014	Date of Injury:	04/23/2003
Decision Date:	12/18/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/28/2014

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 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:

Injured worker (IW) is a 53 year old male who sustained an industrial injury to his neck on 04/23/03. 04/10/14 office note documented complaints of constant neck pain which radiated at times into the right shoulder and back of the head. He was noted to be s/p right shoulder rotator cuff repair. No gastrointestinal (GI) complaints or history of GI disease were documented. On exam, tenderness was noted over the neck and both shoulders. Impression was musculoligamentous sprain cervical spine with upper extremity radiculitis. 05/07/14 office note documented current medications including Hydrocodone, Omeprazole, Cyclobenzaprine, Naproxen, and Ibuprofen. IW reported headaches and nausea, but no other GI complaints were documented. 06/04/14 office note documented same symptoms and medications. Flurbiprofen/ranitidine was prescribed. Provider stated: "MTUS recommends NSAIDs such as Flurbiprofen (pg. 70) for chronic pain. Cautions must be made in regards to increased GI adverse effects. This is why ranitidine (H2) blocker is combined in this formulation." 06/27/14 office note stated that claimant was taking Naproxen. No GI complaints were documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/ Ranitidine 100/100mg #90 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Recommendations for NSAIDs (Non-Steroidal Anti-Inflammatory Drugs). Decision based on Non-MTUS Citation MD Consult Drug Monograph last updated 1/21/2012

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs, GI Symptoms & Cardiovascular Risk Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Duexis (Ibuprofen & Famotidine); NSAIDs, GI Symptoms & Cardiovascular Risk

Decision rationale: For treatment of dyspepsia secondary to NSAID therapy, both MTUS and ODG recommend: "Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." MTUS is silent concerning single products which combine an NSAID with an H2-receptor antagonist. ODG provides the following recommendation concerning a combination product (Duexis) which is similar to the one requested: Duexis (Ibuprofen & Famotidine). Not recommended as a first-line drug. [REDACTED] recently announced the launch of Duexis, a combination of Ibuprofen 800 mg and Famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. (FDA, 2012) Ibuprofen (e.g., Motrin, Advil) and Famotidine (eg, Pepcid) are also available in multiple strengths OTC and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDS. See NSAIDs, GI symptoms & cardiovascular risk, where Proton pump inhibitors (PPIs) are recommended. With less benefit and higher cost, using Duexis as a first-line therapy is not justified. It appears that claimant is already receiving a PPI. The etiology of claimant's GI complaints documented on 05/07/14 and 06/04/14 is unknown, but given the documented history of use of 2 different oral NSAIDs (Naproxen and Ibuprofen), addition of a PPI appears to have been reasonable consideration at that point. However, as ODG points out in its recommendations concerning Duexis, OTC forms of ranitidine are readily available. Medical necessity is not established for a combination NSAID/H2-receptor antagonist in this case. In addition, the most recent office notes do not document any current GI complaints on oral Naproxen. Medical necessity is not established for the requested Flurbiprofen/Ranitidine.