

Case Number:	CM14-0124602		
Date Assigned:	08/13/2014	Date of Injury:	12/22/2013
Decision Date:	10/16/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/06/2014

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, has a subspecialty Interventional Spine 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 patient is a 48-year-old male with a date of injury of 12/22/2013. The listed diagnoses per [REDACTED] are: Left hip avulsion fracture of greater trochanters, continued left hip greater Trochanteric bursitis. According to progress report, 07/21/2014, the patient presents with bilateral hip pain, left greater than right. She rates her bilateral hip pain a 6-7/10. The patient is currently utilizing ibuprofen and Norco. He rates his pain a 6-7/10 before medication and 4-5/10 after medication. His pain is made better with rest and medication. Examination revealed limited range of motion of the left hip and tenderness over the iliac crest. Patrick's test was positive on the left. The provider is requesting authorization for Keratek analgesic gel, Flurbiprofen/ranitidine 100/100 mg, and Motrin 800 mg #60. Utilization Review denied the request on 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek analgesic gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
KERATEK is a topical analgesic that contains methyl salicylate 28% and menthol 16%. The
MTUS Gui.

Decision rationale: This patient presents with bilateral hip pain, left greater than right. The provider is requesting Keratek analgesic gel. Keratek is a topical analgesic that contains methyl salicylate 28% and menthol 16%. The MTUS Guidelines allows for the use of topical NSAID for peripheral joint arthritis and tendonitis. In this case, the patient does not suffer from peripheral joint arthritis or tendinitis problems for which topical NSAIDs are indicated for. Keratek analgesic gel is not medically necessary.

Flurbiprofen/Ranitidine 100/100mg (unknown quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):
22.

Decision rationale: This patient presents with bilateral hip pain, left greater than right. The provider is requesting Flurbiprofen-Ranitidine 100/100mg. This medication is a combination of NSAID and Ranitidine. For anti-inflammatory medications, the MTUS Guidelines page 22 states anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted. For Ranitidine, the MTUS Guidelines page 68 and 69 state, Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Although NSAIDs are indicated for chronic pain, the provider does not provide a discussion regarding functional improvement or pain relief with utilizing this medication. There is no discussion as to why a combination medication is required. There is no GI risk assessment to determine the patient's need for prophylactic PPI's to be used in conjunction with an NSAID. Therefore, Flurbiprofen/Ranitidine 100/100mg (unknown quantity) is not medically necessary.

Motrin 800mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):
22.

Decision rationale: For anti-inflammatory medications, the MTUS Guidelines page 22 states, anti-inflammatory is used as a traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. This patient has been

taking ibuprofen since at least 04/10/2014. Review of subsequent reports does not provide discussion regarding this medication's efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of documentation of efficacy, Motrin 800mg #60 is not medically necessary.