MAXIMUS Federal Services

Case Number:	CM14-0157238		
Date Assigned:	09/30/2014	Date of Injury:	03/21/2009
Decision Date:	03/23/2015	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/25/2014

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. 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: New Jersey
Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on 3/21/2009. Details on the initial injury and treatment were not submitted for this review.Currently, the IW complains of bilateral wrist pain associated with numbness and tingling of fingers. Little relief was reported with ibuprofen use. Physical examination from 6/26/14 documented diminished sensation to finger 1, 3, and 4, bilaterally. Diagnoses included overuse syndrome bilateral upper extremity, carpal tunnel bilateral, status post right carpal tunnel release right side 5/5/11, and trigger fingers to 2nd and 3rd fingers on right hand, and 4th and 5th fingers on left hand. Plan of care included changing medications to Flurbiprofen/Ranitidine 100/100mg one capsule two to three times daily with three (3) refills. On 8/28/2014 Utilization Review non- certified Flubiprofen/Ranitidine 100/100mg #90 with three (3) refills, noting the documentation failed to support the medical necessity of a combination medication versus typically prescribed medications alone. The MTUS Guidelines were cited. On 9/25/2014, the injured worker submitted an application for IMR for review of Flubiprofen/Ranitidine 100/100mg #90 with three (3) refills.

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 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, non-steroidal anti-inflammatory drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDS are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. The MTUS Guidelines also state that to warrant using a proton pump inhibitor (PPI) or H-2 Blocker in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, the use of ibuprofen alone for his pain and numbness and tingling in his bilateral wrists related to his carpal tunnel syndrome and overuse, produced minimal relief. His provider offered him moderate to high dose flurbiprofen/ranitidine, which is an NSAID and H-2 blocker combination drug product. NSAIDs are not first choice and much less effective for nerve pain, and in the opinion of the reviewer, increasing the dosage of an NSAID with plans to continue it long-term is not appropriate or medically necessary as it is likely not going to produce much relief of the worker's pain and will increase his risks associated with chronic NSAID use. Also, there was no indication besides the higher doses of NSAIDs which suggested the worker was at an elevated risk for gastrointestinal events, therefore, the ranitidine was not justified sufficiently alone or in a combination drug such as the one recommended to him. Therefore, for the reasons above, the flurbiprofen/ranitidine is not medically unnecessary.