

<b>Case Number:</b>	CM15-0066673		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	03/08/2014
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker (IW) is a 43-year-old female who sustained an industrial injury on 03/08/2014. She reported pain in the right upper extremity. The injured worker was diagnosed as having right fifth finger sprain/strain; right fifth finger flexor tenosynovitis; left lateral epicondylitis, and rule out left elbow internal derangement. Treatment to date has included acupuncture, topical medications, oral non-steroidal anti-inflammatories, medication to prevent GI upset, a home exercise program, and follow-up. Currently, the injured worker complains of right shoulder pain. A cortisone injection was given in the right shoulder and new prescriptions given for medications. The worker was instructed in a home exercise program that she was to continue at home. A request for authorization was placed for the medications. On 03/04/2015 the Utilization Review agency non-certified a request for Flurbiprofen / Lansoprazole 100mg / 10mg Qty 90, citing CA- MTUS Chronic Pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/ Lanzoprazole 100mg/10mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, GI symptoms & cardiovascular risk Page(s): 22, 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, and Omeprazole Page(s): 22, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs, and Proton pump inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen/Lansoprazole 100/10mg #90 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Lansoprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are right shoulder type I acromium with AC joint osteoarthritis; and right shoulder supraspinatus tendinopathy. Documentation from a progress note dated November 27, 2014 shows the treating provider requested/prescribed Naprosyn 500 mg PO b.i.d. and Prilosec 20 mg #30. A follow-up progress note dated February 16, 2015 shows the treating provider switched the Naprosyn 500 mg PO b.i.d. and Prilosec 20 mg #30 to a combination drug, Flurbiprofen/Lansoprazole 100/10mg #90. There is no evidence to recommend one drug in this class over another based on efficacy. There is no clinical indication or rationale in the record for the change to a combination drug. There was no documentation of objective functional improvement or lack thereof to explain the change to the combination of non-steroidal anti-inflammatory/proton pump inhibitor. Additionally, there were no co-morbid conditions or risk factors for gastrointestinal events including history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Consequently, absent clinical documentation with a clinical indication and rationale for the change to a combination of non-steroidal anti-inflammatory / proton pump inhibitor and a clinical indication and rationale for proton pump inhibitor, Flurbiprofen / Lansoprazole 100/10mg #90 is not medically necessary.