

Case Number:	CM13-0022755		
Date Assigned:	12/04/2013	Date of Injury:	08/01/1989
Decision Date:	09/29/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/11/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 65-year-old female who has submitted a claim for cervical disc protrusion, cervical radiculopathy, left shoulder derangement, bilateral carpal tunnel syndrome status post release, history of right cerebral vascular accident, hypertension, and hyperlipidemia associated with an industrial injury date of 8/1/1989. Medical records from 2013 were reviewed. Patient complained of neck pain, associated with numbness sensation at the right upper extremity. Physical examination showed tenderness of the paracervical muscles. Range of motion was restricted on all planes. Cervical discogenic provocative maneuvers were positive. Reflexes at bilateral upper extremities were graded +1. Weakness was noted at the left deltoid, left biceps, and triceps, and left wrist extensors graded 4+/5. Treatment to date has included bilateral carpal tunnel release, left shoulder surgery, and medications such as aspirin, Celebrex, Zantac (since May 2013), levothyroxine, Effexor, and clonazepam. Patient was noted to be allergic to NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANTAC 150MG WITH 6 MONTH REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Ranitidine).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Food and Drug Administration was used instead. The FDA states that ranitidine is an H2 receptor antagonist indicated in the treatment of active gastric or duodenal ulcers, or for endoscopically diagnosed erosive esophagitis. In this case, patient has been on multiple oral medications. Zantac was prescribed since May 2013. However, there was no abdominal / reflux complaint to warrant such. There was likewise no comorbid gastrointestinal condition. There is no discussion concerning need for variance from the guidelines. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Zantac 150 mg is not medically necessary.