

<b>Case Number:</b>	CM13-0024843		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	08/25/2008
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Pt. is a 43 y.o. male with a h/o injury 8/25/08. Pt. with h, o HTN, gastropathy secondary to anti-inflammatory med use and irritable bowel syndrome. He was prescribed meds that a reviewer did not certify 7/2/13. This was then appealed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thirty (30) supply of Ranitidine #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference (PDR), Epocrates medical Program.

**Decision rationale:** The source states that Zantac is indicated for short term Rx of active duodenal ulcer, gastric ulcer and GERD. The chart does not indicate that any blood work or GI w/u was done. However Rx mentioned is consistent with GERD. The medicine is certified.

**Thirty (30) day supply of Lansoprazole #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference (PDR), Epocrates medical Program.

**Decision rationale:** The PDR includes use of Prevacid for short term Rx of active duodenal ulcer, gastric ulcer, erosive esophagitis and GERD. Side effects include nausea diarrhea and hypomagnesaemia. This pt. has been on the med since at least 11/19/12. There is no record of relevant blood work or GI test or consultation. This medication remains non-certified.

**Thirty (30) day supply of Lactose #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference (PDR), Epocrates medical Program.

**Decision rationale:** The sources do not indicate that lactose is an Rx for any condition. Also the medical records are lacking a note or order for such medication. It remains non certified until further information is available.