

Case Number:	CM13-0039333		
Date Assigned:	12/18/2013	Date of Injury:	02/05/2010
Decision Date:	04/07/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/04/2013

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 Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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. 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:

27 yr. old male claimant sustained a work injury on 2/5/10 resulting in right shoulder, neck, and back pain. He was found to have a right shoulder labral tear and rotator cuff syndrome. He had undergone physical therapy and used a TENS unit for his symptoms. In 2011 he had a subacromial decompression of his right shoulder. The claimant has used Ibuprofen and Hydrocodone intermittently for pain relief. Zantac was used alongside these medications for presumed gastrointestinal protection. A progress note on 6/6/13 noted continued right shoulder pain with radiation to the arms. Objective findings noted decreased range of motion of the C spine and right shoulder. An MRI of the cervical / thoracic spine was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 82.

Decision rationale: According to the ACOEM guidelines table 8-8, an MRI of the upper back is recommended for red flag diagnoses such as tumor, infection, or fracture. In addition, it is recommended for pre-operative evaluation or validation of nerve root compromise. In this case,

the symptoms and findings of the upper thoracic region are not consistent of red flags or nerve root compromise. In addition, there is no documentation of planned surgery. As a result, an MRI of the thoracic spine is not medically necessary.

ZANTAC 150MG, #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 NSAID Page(s): 68.

Decision rationale: Zantac is an H2 blocker used for peptic ulcers and reflux. Although the MTUS guidelines do not make a statement on H2 blockers it does make a statement on proton pump inhibitors which are used similarly for high risk GI patients using NSAIDs and it states the following: Proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Nor is there any documentation of risk factors or prior gastrointestinal events and, as such, Zantac is not medically necessary.