

Case Number:	CM13-0044859		
Date Assigned:	12/27/2013	Date of Injury:	07/30/2000
Decision Date:	03/05/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	10/29/2013

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 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. 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:

The patient is a 64-year-old female who reported an injury on 07/30/2000. The mechanism of injury was not provided within the medical records. The patient's initial course of treatment was not provided or discussed within the medical records. However, she has chronic neck and shoulder pain with subjective complaints of bilateral arm numbness and tingling. It was noted on her 08/16/2013 clinical note, that an MRI of the cervical spine had been approved; however, no subsequent notes or MRI results were discussed or provided for review. Physical examination on that date revealed that the patient had 5/5 bilateral upper extremity strength, decreased sensation in the right C6 and C7 dermatomal distribution, a negative Spurling's sign, and reduced range of motion of the cervical spine; however, range of motion was not quantified. The patient's current medications include diazepam 5 mg, 1 tab once 2 times daily as needed; Zantac 300 mg, 1 tab daily; and Colace 100 mg (directions not provided). The patient's current list of diagnoses included degenerative disc disease of the cervical spine (722.4), cervical radiculopathy (723.4), spinal stenosis in the cervical regions (723.0), muscle pain (729.1), low back pain (724.2), shoulder pain (719.41), rotator cuff syndrome (726.10), numbness (782.0) and chronic pain syndrome (338.4). There was no other clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 300mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com.

Decision rationale: The California MTUS/ACOEM Guidelines and the Official Disability Guidelines do not specifically address the use of H2 blockers; therefore, an outside source, drugs.com, was supplemented. Zantac is a histamine-2 blocker that works by reducing the amount of acid that the stomach produces. It is used to treat and prevent ulcers in the stomach as well as gastroesophageal reflux disease (GERD). The clinical information submitted for review did not provide any evidence that the patient was having GI distress. In fact, under the review of systems contained in the most recent clinical note, the patient denied stomach upset. There was also no discussion within the clinical records provided for review that the patient had a history of GI ulcers. The request also did not address the length of use of this medication. Without documentation to indicate the need for an H2 blocker, the medical necessity cannot be determined. As such, the request for ranitidine 300 mg is not medically necessary and appropriate.

Docusate sodium 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 77.

Decision rationale: The California MTUS Chronic Pain Guidelines recommend the prophylactic treatment of constipation during chronic opioid therapy. However, the clinical information submitted for review did not provide evidence that the patient was utilizing any narcotics. Although the patient is undergoing chemotherapy for unrelated pancreatic cancer and is likely to be utilizing opioid medications that may cause constipation, it was not listed as related to this work injury. Without documentation supporting the need for this medication, the medical necessity cannot be determined. As such, the request for docusate sodium 100 mg is not medically necessary and appropriate.