

Case Number:	CM13-0059424		
Date Assigned:	12/30/2013	Date of Injury:	05/15/2013
Decision Date:	06/03/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/25/2013

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 Internal Medicine, 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 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:

This is a 55 year old female patient status post a work-related injury on 5/15/13. The 1/2/14 progress note stated that the patient has constant hand numbness with pain in the elbows to hands. There is bilateral positive Tinel's sign, Phalen's sign, and decreased sensation in the right C6 and C8 dermatomes. The patient exhibits cervical radiculopathy with exam. A note dated 12/5/13 identifies no significant change with chiropractic care. The patient has also received physical therapy, medication, and activity modification. A progress note dated 10/14/13 states that the patient is taking Naproxen 500mg, one twice a day; and ranitidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 RANITIDINE 150MG: 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 Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that proton pump inhibitors are indicated for patients with intermediate or high risk of gastrointestinal events. However, it is unclear that the patient has been on chronic NSAID therapy, or has any

predisposition to gastrointestinal complications. There is no indication of increased risk factors either. As such, the request is not medically necessary.