

<b>Case Number:</b>	CM13-0064211		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/18/2010
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 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:

The patient is an employee of [REDACTED] who has submitted a claim for left knee and lower back pain associated with an industrial injury on February 18, 2010. Treatment to date has included oral analgesics and muscle relaxants, chiropractic and physical therapy, left knee arthroscopy, and L4/L5 bilateral facet blocks. Utilization review dated December 4, 2013 denied the request for Ranitidine 150mg #60 because it is not recommended for relief of GI upset but rather as treatment and prevention of ulcers. Medical records from 2012 to 2013 were reviewed. Patient was being treated for facet joint syndrome, lumbar spine pain, lumbosacral spondylosis without myelopathy and left knee pain. Physical examination findings showed significant limping of the left lower extremity. Muscle tenderness was noted in the lumbar midline from L4-S1, as well as over the left buttock to palpation. Progress report from August to October 2013 showed improvement in the lumbar range of motion from 10% of normal to 20% in all planes. Lower extremity strength is 5/5 bilaterally except in the left EHL which is 4+/5. Sensation is intact to pinprick throughout. Patellar reflexes are +1 on the right and absent on the left. Achilles reflexes are absent bilaterally. Straight leg raise test is significantly positive on the left and seated leg raise at 75 degrees. The patient has been on Ambien, Flexeril, tramadol (Ultram) and Norco since 2012. Naprosyn and Prilosec intake was noted as far back as July 2013. Weaning of Ultram and Norco was initiated on April 2013. Initial intake of Ultram and Norco was every 4 hours, now decreased to TID and QID, respectively. The patient states that his medications allow him to stay more active and maintain his functional level in unspecified ADLs. The patient states that he has GI upsets due to naproxen use. He has been taking Prevacid daily together with Prilosec noted as far back as July 2013. In a progress note dated November 12, 2013, Prilosec was discontinued and ranitidine was prescribed as a GI protection due to NSAID use. Spine surgery was contemplated.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**RESTROSPECTIVE REQUEST FOR RANITIDINE 150 MG # 60, 5 REFILLS, DOS 11/12/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011947?reports=details>.

**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 and ODG do not address this issue. The FDA states that ranitidine is an H<sub>2</sub> receptor antagonist indicated in the treatment of active gastric or duodenal ulcers, or for endoscopic ally diagnosed erosive esophagitis. In this case, the records reviewed did not provide any evidence that the employee has been diagnosed with active gastric or duodenal ulcers or erosive esophagitis. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for ranitidine 150mg #60, 5 refills, DOS 11/12/13 is not medically necessary.