

Case Number:	CM13-0066918		
Date Assigned:	01/03/2014	Date of Injury:	03/17/2000
Decision Date:	05/27/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 a 52 year old male, who worked as a general laborer for [REDACTED]. He had multiple injuries to his back, hips, and legs dating back March 17, 2000. He submitted a request for 1 prescription of Zantac 150MG #60. Treatment to date includes: NSAIDs, opioids, muscle relaxants, topical analgesics, and surgery Utilization review from November 20, 2013 revealed non-certification of Zantac 150MG for failure to demonstrate and document signs and symptoms consistent for potential erosive lesions of the stomach. No history of gastrointestinal disorder was documented as well. It was reported that the patient was a long term NSAID, however, the use of a single NSAID did not qualify the patient as high risk for development of gastrointestinal injuries. The lack of consistent findings for gastrointestinal disorder and failure to demonstrate that the patient was at high risk for gastrointestinal disorder led to the non-certification. Progress notes from 2012-2013 revealed that the patient has been complaining of constant slight to intermittent moderate and occasionally severe back pain that radites down the left posterior leg with weakness. Numbness and tingling in the lower extremities to the toes were reported. Medications mentioned above were regularly taken. No reports of: vomiting; reflux symptoms; abdominal pain and tenderness; vomiting of fresh blood; and blackish stools were noted. Zantac use can be traced as early as 2012. However, the patient seemed to be lost to follow-up. The current status of the patient regarding continued medication intake and potential abdominal findings are unknown. No progress notes this 2014 is included in the patient's file.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF ZANTAC 150MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation FDA, Ranitidine.

Decision rationale: The Expert Reviewer's decision rationale: Ranitidine is a H2 Antagonist that inhibits stomach acid production, used in the treatment of peptic ulcer disease and gastroesophageal reflux disease. In this case, as early as 2012, Zantac (Ranitidine) was prescribed to the patient to prevent the possible gastrointestinal disorder associated with the use of Mobic. The FDA states that Zantac is indicated for relief of heartburn associated with acid indigestion and sour stomach, both of which were not reported on the records reviewed. The CA MTUS Chronic Pain Medical Treatment Guidelines indicates the use of prophylaxis with proton pump inhibitors and/or H2 Antagonists is recommended only in those individuals: using multiple NSAIDs; high dose NSAIDs; NSAIDs in conjunction with corticosteroids and/or anticoagulants; greater than 65 years or age; and those with history of peptic ulcer. However, the records reviewed do not provide any evidence that the patient has: a history consistent with gastrointestinal disorder; a history of peptic ulcer disease; concurrent use of corticosteroids and/or anticoagulants; and use of high dose NSAIDs. The patient is 52 years old and his current status is unknown. Therefore, the request for 1 prescription of Zantac 150MG #60 is not medically necessary.