

Case Number:	CM14-0003656		
Date Assigned:	04/30/2014	Date of Injury:	07/10/2001
Decision Date:	07/08/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/08/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain associated with an industrial injury of July 10, 2011. Thus far, the applicant has been treated with analgesic medications, opioid therapy, transfer of care to and from various providers in various specialties, consultation with spine surgeon who endorsed cervical spine surgery, earlier cervical spine surgery, earlier left shoulder surgery, and extensive periods of time off of work. In a progress note of July 16, 2013, the applicant was described as using Norco, Zanaflex, Naprosyn, Zantac, and Propecia. There was no mention of dyspepsia, reflux, and/or heartburn on this progress note. A subsequent progress note of August 16, 2013 was again notable for comments that the applicant was benefitting from the current regimen of Norco and Zanaflex for pain relief. The applicant was not working. The applicant was also using Naprosyn, Zantac, and Propecia. Again, there was no mention of reflux, heartburn, and/or dyspepsia on this progress note. On September 18, 2013, the applicant was described as specifically denying any side effects from his medications, which included Norco, Zanaflex, Naprosyn, Zantac, and Propecia. An October 17, 2013 progress note, finally, was again notable for comments that the applicant was using Norco, Zanaflex, Naprosyn, Xanax, and Propecia. Again, there is no mention of reflux, heartburn, or dyspepsia appreciated on this note. On November 15, 2013, the applicant was again described as using Norco, Zanaflex, Naprosyn, Zantac, Xanax, and Propecia. It was stated on this report that the applicant denied any side effects from his medications except for gastrointestinal symptoms, which he was treating with Zantac twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANTAC 150MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment of NSAID-induced dyspepsia can include introduction of H2 antagonists, such as Zantac. In this case, the applicant was described as reporting symptoms of dyspepsia on a progress note of November 15, 2013. Ongoing usage of Zantac to combat the same is indicated and appropriate. Therefore, the request is medically necessary.