

Case Number:	CM14-0103339		
Date Assigned:	07/30/2014	Date of Injury:	07/10/2000
Decision Date:	09/12/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/03/2014

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:

According to the records made available for review, this is a 67-year-old female with a 7/10/00 date of injury. At the time (6/12/14) of the decision for Zantac 150 mg #60, there is documentation of subjective (continued complaints of neck pain and stiffness, a recent exacerbation with she feels is due to trying to look downward for an extended period of time, and functional improvement and pain relief with medications) and objective (cervical spine forward flexion is with 3 fingerbreadths of chin to chest, extension to 10 degrees, lateral rotation to 60 degrees bilaterally, sensation intact to pinprick in bilateral upper extremities, and deep tendon reflexes in lower extremities 2+ and equal bilaterally) findings, current diagnoses (multilevel cervical stenosis with facet arthropathy and central canal stenosis at C5-6), and treatment to date (medications (including ongoing treatment with Motrin, Zantac, Tylenol #3, Ultram, and Ambien)). There is no documentation of risk for gastrointestinal event (high dose/multiple NSAIDs).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS & GI Symptoms Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, Corticosteroids, and/or an Anticoagulant; and/or high dose/multiple NSAIDs, as criteria necessary to support the medical necessity of Zantac. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of multilevel cervical stenosis with facet arthropathy and central canal stenosis at C5-6. However, despite documentation of ongoing treatment with Motrin, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAIDs). Therefore, based on guidelines and a review of the evidence, the request for Zantac 150 mg # 60 is not medically necessary.