

Case Number:	CM14-0014625		
Date Assigned:	02/28/2014	Date of Injury:	06/10/2010
Decision Date:	07/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/05/2014

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 patient is a 50-year-old male who has submitted a claim for chronic pain disorder, sleep disorder, hypertension, pain disorder associated with psychological and medical factors, symptomatic lumbar spondylosis, chronic cervical musculoligamentous sprain/strain, borderline diabetes, and left lumbar radiculopathy, associated with an industrial injury date of June 10, 2010. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 01/30/2014, showed intractable back pain complicated by severe anxiety. Physical examination revealed an antalgic gait. Lumbar spine tenderness with limited range of motion was noted. There was referred back pain bilaterally with minimal straight leg raise. The patient was noted to have hypertension with a blood pressure of 146/84 mmHg since July 2013. In January 2013, the patient complained of gastritis and reflux. Treatment to date has included physical therapy, epidural injections, Azor since July 2013, Ranitidine since July 2013, and Prilosec since September 2013. Utilization review from 01/14/2014 modified the request from the purchase of Ranitidine 150mg to Ranitidine 150mg #60 because medical reviews revealed gastritis which warranted its use. Regarding the request for Prilosec, it was modified from Prilosec 20mg to Prilosec 20mg #30 because it was warranted for gastritis. Regarding the request for Azor, it was modified from Azor 5/20 to Azor 5/20 #30 because the patient was documented to have hypertension controlled with the said medication which warranted its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

RANITIDINE 150MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal Reflux Disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (ranitidine).

Decision rationale: The CA MTUS and ODG do not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Food and Drug Administration was used instead. The FDA states that Ranitidine is an anti-acid indicated in the treatment and prevention of ulcers, the treatment of heartburn and the stomach disorder GERD (gastroesophageal reflux disease), as well as conditions associated with excess acid secretion. Ranitidine belongs to a class of medications known as H₂-blockers that inhibit the action of histamine on stomach cells, thus reducing stomach acid production. In this case, medical review from January 2013 cited that patient was noted to have gastritis and reflux. Patient was started on Ranitidine since July 2013 for stress gastritis. However, there is no discussion concerning need to provide both proton pump inhibitor and H₂ blocker in this case. Moreover, the quantity to be prescribed was not specified. Therefore, the request for Ranitidine 150mg is not medically necessary.

PRILOSEC 20MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal Reflux Disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, page 68 Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Gastrointestinal risk factors include: (1) Age more than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA (Acetylsalicylic Acid), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (Non Steroidal Anti Inflammatory Drugs). In this case, medical review from January 2013 cited that patient was noted to have gastritis and reflux. Patient was started on Omeprazole since September 2013 for gastritis. However, recent progress notes failed to provide evidence of improvement associated with its use. Also, the quantity of medication to be prescribed was not specified. Moreover, there is no discussion concerning need to provide both proton pump inhibitor and H₂ blocker in this case. Therefore, the request for purchase of Prilosec 20mg is not medically necessary.

AZOR 5/20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for clinical Systems Improvement (ICSI); 2012 Nov. 67p.[127references], Hypetension diagnosis and Treatment and Institute for clinical Systems Improvement (ICSI); 2010 Nov. 68 p., Hypetension diagnosis and Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Heart, Lung, and Blood Institute. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) (<http://www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.pdf>).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) was used instead. It states that for high-risk conditions with hypertension, two or more antihypertensive medications, including a calcium channel blocker and an angiotensin receptor blocker, may be given to achieve goal BP of <140/90 mmHg. In this case, patient is a diagnosed case of hypertension. Patient has been on a combination drug of Amlodipine and Olmesartan since July 2013. The range of blood pressure was recorded at 132-130/92-89 mmHg while on maintenance medication. Patient has responded well to calcium channel blocker and angiotensin receptor blocker, hence, the medical necessity for its continuation has been established. However, there was no specified quantity of the prescribed medication. Therefore, the request for Azor 5/20 is not medically necessary.