

Case Number:	CM14-0125352		
Date Assigned:	08/11/2014	Date of Injury:	11/15/2003
Decision Date:	10/01/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/07/2014

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 Family 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:

This is a 47-year-old male patient who reported an industrial injury to his back on 11/15/2003, almost 11 years ago, attributed to the performance of his usual and customary job tasks. The patient complained of lower back pain radiating down to the lower extremity. The patient complained of body aches and depression. The objective findings on examination included limited range of motion of the lumbar spine. The diagnoses included lumbar radiculopathy with depression. It was noted that the patient increased his Duragesic patch to 75 mcg/hr. The patient was prescribed Ranitidine 150 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; NSAIDs

Decision rationale: The treating physician has prescribed Zantac automatically for the treatment of the effects of the prescribed medications on the Gastrointestinal (GI) system. There is no

documentation that the patient has dyspepsia in relation to taking non-steroidal anti-inflammatory drugs (NSAIDs). Zantac (Ranitidine) 150 mg is prescribed for gastroesophageal reflux disease (GERD) or stomach discomfort when NSAIDs are being prescribed; however, there is no objective evidence that the H2 inhibitor is as effective at protecting the mucosal layer of the stomach as the recommended proton pump inhibitors. Generally, the proton pump inhibitors are prescribed to protect the stomach lining from the chemical effects of NSAIDs. There are prescribed NSAIDs in the current medical documentation; however, there is no objective evidence provided that the prescribed NSAIDs have caused GI upset due to the erosion of the GI mucosa. The protection of the stomach lining from NSAIDs is appropriately provided with the proton pump inhibitors such as Omeprazole. There are no documented GI issues with the prescribed Medications and the H2 blocker is prescribed prophylactically. There is no demonstrated medical necessity for 300 mg q hs. There is no objective evidence that the reported GERD is due to prescribed medications or is an effect of the industrial injury. There is no demonstrated medical necessity for the prescribed Ranitidine 150 mg #60.