

<b>Case Number:</b>	CM14-0134909		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	06/06/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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:

36 pages were provided for review. The request for independent medical review was signed on August 15, 2014. The issue is Zantac 150 mg number 60. Per the records provided, the patient is two years post injury and had failed activity modification, and cortisone injection. At clinical exam there was joint line tenderness and a positive McMurray sign. For this Zantac, there was no documentation that the patient had gastritis or gastrointestinal upset. The patient is a 53-year-old female who injured the right knee on June 6, 2012 during the routine course and scope of her working activities. While walking on a raised section of the sidewalk, and she fell landing on her right knee and she continued to fall downwards hitting the cement. Prior treatment included six physical therapy sessions which provided temporary relief. There was also crutches and a cortisone injection with relief for a couple of months. Medicines were ibuprofen, Ultram, and an antibiotic. She also takes Motrin for pain. The MRI showed some arthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zantac 150mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68 of 127.

**Decision rationale:** The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary based on MTUS guideline review.