

Case Number:	CM14-0135739		
Date Assigned:	08/29/2014	Date of Injury:	01/31/2003
Decision Date:	10/20/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 40-year-old female was reportedly injured on January 31, 2003. The mechanism of injury was noted as moving cinderblocks on and off tables. Most recent progress note, dated July 22, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated decreased lumbar spine range of motion with guarding. There was decreased sensation over the lateral aspect of both feet and the lateral aspect of both thighs. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a lumbar spine fusion from L3 through S1, a radiofrequency nerve ablation, trigger point injections, physical therapy, acupuncture, psychotherapy, the use of a TENS unit, and a spinal cord stimulator trial. A request had been made for ranitidine and was not certified in the pre-authorization process on August 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg twice daily #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601106.html>

Decision rationale: Ranitidine is a medication used to treat ulcers, gastroesophageal reflux, and other hyperacidic conditions of the stomach. The most recent progress note, dated July 22, 2014, does not indicate the injured employee has any current or prior gastrointestinal issues. Considering this and the cited guidelines, this request is not medically necessary.