

<b>Case Number:</b>	CM14-0136349		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	04/22/1999
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 52-year-old female was reportedly injured on April 22, 1999. The most recent progress note, dated June 17, 2014, indicates that there were ongoing complaints of left hip pain and popping as well as low back pain. The physical examination demonstrated normal left hip range of motion, a slight antalgic gait, and spasms with abduction and adduction. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes left hip surgery, injections, physical therapy, and oral medications. A request had been made for Ranitidine and Flurazepam and was not certified in the pre-authorization process on July 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ranitidine 300mg #30:** 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 heart burn issues. According to the attached medical record, the injured employee was not diagnosed with any gastrointestinal issues. As such, Ranitidine 300mg #30 is not medically necessary.

**Flurazepam 300mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682051.html>

**Decision rationale:** Flurazepam is a benzodiazepine used to treat insomnia. The attached medical record does not indicate that the injured employee has had issues with insomnia or difficulty sleeping. Therefore, this request for Flurazepam 300mg #30 is not medically necessary.