

Case Number:	CM14-0144037		
Date Assigned:	09/12/2014	Date of Injury:	03/09/2008
Decision Date:	12/16/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/05/2014

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 and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia and Ohio. 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:

Individual is a 53 year old male with a 3/9/08 date of industrial injury. Individual suffers from right shoulder and elbow pain, lumbar degenerative disc disease, L5-S1 radiculopathy, L1 compression fracture, anxiety and depression. Right shoulder rotator cuff repair was done 6/16/14. Prescribed medications; Oxycodone (pain), Hydroxyzine, Ranitidine and Promethazine (nausea). A gastrointestinal diagnosis was not provided in the medical records. Objective findings on exam 7/28/14 showed tenderness over the bicipital groove and the anterior and posterior joint of the right shoulder with limited range of shoulder motion. Subjectively, the individual was complaining of constant moderate pain in his right shoulder. Tenderness at lower lumbar paraspinals noted, additionally. Utilization review 8/27/14 was for Zantac (Ranitidine) 300mg; it was non- certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 300 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation

Pain (Chronic), NSAIDS, GI Symptoms & Cardiovascular Risk and Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, NSAIDS (including aspirin): Primary Prevention Of Gastroduodenal Toxicity

Decision rationale: Ranitidine is an H2 antagonist used for the treatment of stomach ulcers and gastroesophageal reflux. MTUS states, "Determine if the patient is at risk for gastrointestinal events: (1) age greater than 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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mcg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (greater than 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." Uptodate states regarding H2 antagonist for GI prophylaxis, "Standard doses of H2 receptor antagonists were not effective for the prevention of NSAID-induced gastric ulcers in most reports, although they may prevent duodenal ulcers [33]. Studies that detected a benefit on gastric ulcer prevention were short-term (12 to 24 weeks) and focused on endoscopic rather than clinical endpoints". The patient does not meet the age recommendations for increased GI risk. The medical documents provided establish the patient has experienced nausea, but is nonspecific and does not indicate history of peptic ulcer, GI bleeding or perforation. Medical records do not indicate that the patient is on ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. Additionally, uptodate suggests that H2 antagonist at this dose is not useful for to prevent ulcers. As such, the request for Ranitidine 300 mg is not medically necessary.