

Case Number:	CM14-0158792		
Date Assigned:	10/02/2014	Date of Injury:	04/01/2009
Decision Date:	11/06/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/29/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 45 year old male with an injury date of 04/01/09. Based on the 09/08/14 progress report, the patient complains of neck pain rated 4/10. Physical examination to the cervical spine revealed decreased range of motion on all planes. Reflexes were normal. He reports no significant pain relief of migraine headaches after medial branch blocks. The patient's current medications include Lyrica, Nuvigil, Ranitidine, Wellbutrin, Lamictal, Omeprazole, Frova and Cialis. Ranitidine is being prescribed for gastrointestinal (GI) symptom due to non-steroidal anti-inflammatory drugs (NSAIDs). Progress report dated 06/03/14, states under diagnosis "gastro-intestinal symptoms related to analgesic medications previously prescribed for industrial injury, controlled with proton pump inhibitor medications." Omeprazole was prescribed. The current diagnosis as of 09/08/14 includes cervical strain and chronic pain, minimal and migraine headaches, responding to Botox treatment. The treating doctor is requesting Ranitidine 150mg QHS #30 monthly. The utilization review determination being challenged is dated 09/15/14. The rationale is "given the patient is currently being prescribed a PPI, there is no need for the addition of ranitidine as well." Treatment reports provided are from 06/03/14 - 09/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg QHS #30 monthly: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: The patient presents with neck pain rated 4/10. The request is for Ranitidine 150mg QHS #30 monthly. His diagnosis dated 09/08/14, includes cervical strain and chronic pain, minimal. MTUS guidelines on page 69, NSAIDs, GI symptoms & cardiovascular risk states: "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Progress report dated 06/03/14, states under diagnosis "gastro-intestinal symptoms related to analgesic medications previously prescribed for industrial injury, controlled with proton pump inhibitor medications." Omeprazole was prescribed. Per progress report dated 09/08/14, Ranitidine is being prescribed for gastrointestinal (GI) symptom due to non-steroidal anti-inflammatory drugs (NSAIDs), as well as Omeprazole. It appears the treater is switching or concurrently prescribing Ranitidine, a histamine H2-blocker, to control GI symptoms. However, there is no documentation of GI assessment to warrant NSAID prophylaxis, and no dyspepsia or other GI issues documented requiring Ranitidine. Therefore, this request is not medically necessary.