MAXIMUS Federal Services

Case Number:	CM14-0173672		
Date Assigned:	10/24/2014	Date of Injury:	02/08/2010
Decision Date:	12/03/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/21/2014

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 & Rehabilitation and Pain Management, 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 50 year old male with date of injury 2/8/10. The treating physician report dated 6/17/14 indicates that the patient presents with moderate pain affecting the lumbar spine. The physical examination findings reveal tenderness over L5 centrally. The current diagnosis is disc bulges at L4/5 and L5/S1 with annular tears. The utilization review report dated 10/6/14 denied the request for Ranitidine HCL 150mg #180 based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rantidine HCL 150mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) MTUS Page(s): 67-73.

Decision rationale: The patient presents with chronic lower back pain rated a 7-8/10. The current request is for Ranitidine HCL 150mg #180. In reviewing the treating physician report dated 6/17/14 it states, "The patient is not taking medication as he is awaiting delivery. Flurbiprofen/Ranitidine 100/100 #90. Cautions must be made in regards to increased GI adverse

effects. This is why ranitidine (H2) blocker is combined in this formulation." The utilization review report dated 10/6/14 states that on 9/16/14 the treating physician indicates that the patient is taking Naproxen as needed. The MTUS Guidelines state, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." However, in this patient, the patient does not have dyspepsia with NSAID. The treater is using H2 blocker for prophylaxis. MTUS require documentation of GI risk assessment such as age >64, concurrent use of ASA, anticoagulant, history of peptic ulcer disease, etc., for prophylactic use of PPI. In reviewing the treating physician reports supplied there are no GI complaints documented. Therefore, the Ranitidine HCL 150mg #180 is not medically necessary and appropriate.