

Case Number:	CM14-0173900		
Date Assigned:	10/27/2014	Date of Injury:	05/08/2014
Decision Date:	12/04/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/22/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 52-year-old man who sustained a work-related injury on May 8, 2014. Subsequently, she developed chronic calf pain. X-rays of his tibia and fibula were unremarkable for acute remarkable changes. MRI of his calf documented some mild straining of the gastroc. No hematoma. According to the progress report dated July 3, 2014, the patient complained of some left calf discomfort. The patient has been attending physical therapy but has not been doing his stretching exercises that have been recommended. Examination of the left knee revealed unrestricted motion from full extension to 135 degrees of flexion. The patella tracks were normal. There was no tenderness along the medial or lateral joint lines of the knee and no tenderness along the patellar retinaculum. McMurray test was negative. There was a negative patellofemoral grind test and negative patellar apprehension test. Gross stability of the knee is satisfactory at full extension and 30 degrees of flexion to varus and valgus stress testing. Examination of the left ankle and foot revealed mild tenderness of the left gastroc. There was full and painless ankle motion. According to a progress report dated on September 4, 2014, the patient rated his pain as a 5-7/10. Objective findings consisted of tenderness to palpation, normal straight leg raise, normal motor strength, and normal deep tendon reflexes. The patient was diagnosed with left gastrocnemius partial tear and chronic left calf pain. The provider requested authorization for Ranitidine and urine drug screen (UDS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 102..

Decision rationale: Ranitidine is a histamine H2 receptor antagonist. According to MTUS guidelines, Ranitidine is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Ranitidine 150 mg #60 is not medically necessary.

Urine Analysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, there is no documentation of drug abuse or aberrant behavior. There is no recent use of opioids. There is no rationale provided for requesting UDS test. Therefore, the UDS is not medically necessary.