

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0185165 | | |
| Date Assigned: | 11/12/2014 | Date of Injury: | 05/04/2001 |
| Decision Date: | 12/19/2014 | UR Denial Date: | 10/16/2014 |
| Priority: | Standard | Application Received: | 11/05/2014 |

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 Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain, chronic pain syndrome, and myalgias and myositis of various body parts reportedly associated with an industrial injury of May 4, 2001. In a utilization review report dated October 16, 2014, the claims administrator failed to approve a request for ranitidine. Non-MTUS National Library of Medicine (NLM) Guidelines were invoked. The claims administrator stated that the applicant did not have any documented issues with gastroesophageal reflux disease. The applicant's attorney subsequently appealed. In a September 16, 2014, progress note, the applicant presented with 7/10 pain. The applicant was given diagnoses of shoulder joint pain, myalgias and myositis of unspecified body parts, and chronic pain syndrome. Pepcid, Lyrica, Pamelor, Paxil, senna, and Norco were endorsed. On September 29, 2014, the applicant presented with ongoing complaints of shoulder pain. The applicant was using a cane to move about. The applicant was given prescriptions for Lyrica, Pamelor, Paxil, senna, Norco, and Zestril. It was stated that the applicant should discontinue famotidine and begin ranitidine. The applicant was not working and with permanent limitations in place. There is no mention of any active issues with reflux, heartburn, or dyspepsia evident on this particular note.

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, and Cardiovascular Risk Topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as ranitidine are indicated in the treatment of non-steroidal anti-inflammatory drug (NSAID)-induced dyspepsia, there was no mention of any active symptoms of reflux, heartburn, and/or dyspepsia evident on any of the progress notes referenced above, including the September 29, 2014, progress note on which ranitidine was furnished. Therefore, the request is not medically necessary.