

Case Number:	CM14-0025063		
Date Assigned:	06/11/2014	Date of Injury:	05/15/2012
Decision Date:	07/17/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada. 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 injured worker is a 43-year-old injured on May 15, 2012 while falling backwards landing on her buttocks and striking her back against a cement wall. Current diagnoses include chronic back pain, lumbar degenerative disc disease, and bilateral sciatic pain. Clinical note dated January 22, 2014 indicates the injured worker presented complaining of mid and low back pain with intermittent radiating pain in her lower extremities. Objective findings include tenderness to palpation of the thoracic spine extending from T5 level through T10 level with paraspinal tenderness noted bilaterally, negative straight leg raise, deep tendon reflexes 2/4 symmetric bilaterally, motor strength 5/5 in all muscle groups, and sensation grossly intact to bilateral lower extremities. Current medications include tramadol 50 mg four time daily, Naprosyn 375mg twice daily, and Zantac 150 mg one daily. The initial request for Zantac 150 mg, #30 with two refills was initially non-certified on January 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF ZANTAC 150MG, #30 WITH 2 REFILLS (TREATMENT GIVEN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, H2 blockers are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. There is no indication that the injured worker is at risk for gastrointestinal events, or has had or is currently complaining of symptoms associated with a diagnosis of gastric ulcer disease requiring the use of Zantac. The request for zantac 150mg, thirty count with two refills, is not medically necessary or appropriate.