

<b>Case Number:</b>	CM14-0030245		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 and is licensed to practice in Illinois. 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 59-year-old female who reported an injury on 09/23/2009 while moving boxes. The current diagnoses include gastroesophageal reflux disease, hypertension with left ventricular hypertrophy, peripheral edema secondary to hypertension, hyperlipidemia, obesity, and sleep disorder. A Request for Authorization form was submitted on 04/18/2014 for Lasix 20 mg, Klorcon 8 mEq, vitamin D3, and Zantac 150 mg. The injured worker was evaluated on 04/18/2014. The injured worker noted a better control of gastroesophageal symptoms with ranitidine. The patient reported ongoing light headaches. Physical examination on that date was not provided. Treatment recommendations at that time included continuation of the current medication regimen, and recommendations for weight loss and a low-sodium, low-acid, low-fat, and SIBO diet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ranitidine (Zantac) 150 mg daily, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. In the event of dyspepsia secondary to NSAID therapy, NSAIDs should be discontinued, and the patient should be switched to a different NSAID or an H2 receptor antagonist, or a PPI. There is no documentation of dyspepsia secondary to NSAID therapy. Although the injured worker reports an improvement in gastroesophageal reflux symptoms with the current use of Zantac, the medical necessity for the use of this medication has not been established. As such, the request is not medically necessary.