MAXIMUS Federal Services

Case Number:	CM14-0046173		
Date Assigned:	07/02/2014	Date of Injury:	03/20/2013
Decision Date:	08/25/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/14/2014

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, has a subspecialty 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 60-year-old male with date of injury of 03/20/2013. The listed diagnoses per [redacted] are: Lumbar radiculopathy, Radial styloid tenosynovitis, malignant hypertension, late effect of adverse effect of drug, medical or biological substance, sleep arousal disorder, and gastroduodenal disorder, and adverse effects of specified agents affecting the gastrointestinal system in therapeutic use. According to this report, the patient has no significant improvement since his last exam. He continues to have low back pain and pain in the buttocks. He has numbness and tingling as well. He takes medication for pain which, he states, is helping. The physical examination of the lumbar spine shows paravertebral muscles are tender. Spasms are present. The range of motion is restricted. Straight leg raise test is positive on the right. Motor strength and sensation are grossly intact. The utilization review denied the request on 04/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg QTY: 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk (MTUS pg 68-69) Page(s): 68-69.

Decision rationale: This patient presents with low back pain and buttock pain. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states that it is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65; (2) history of peptic ulcer, GI bleed, or perforation; (3) concurrent use of ASA or corticosteroids, and/or anticoagulants; (4) high-dose multiple NSAIDs. The records show that the patient has been on ranitidine since 11/26/2013. The progress report dated 12/05/2013 documents that the patient has gastropathy secondary to taking non-steroidal anti-inflammatory medications. The progress report dated 03/31/2014 documents that the patient currently has acid reflux secondary to stress and is avoiding the use of NSAIDs. In this case, the provider has documented gastrointestinal events, and the use of ranitidine is reasonable. Therefore, Ranitidine 150mg QTY: 30 is medically necessary.

Ophthalmology Consultation, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Chapter 7 Independent Medical Evaluations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter:7, page 127.

Decision rationale: This patient presents with low back pain and buttock pain. The ACOEM Guidelines state that the occupational practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The provider in this case does not discuss any eye problems or diseases that would require a consultation with an ophthalmologist. Therefore, an Ophthalmology Consultation is not medically necessary.