

<b>Case Number:</b>	CM14-0049064		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/16/2004
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 52 year-old with a date of injury of 08/16/04. A progress report associated with the request for services, dated 02/03/14, identified subjective complaints of neck pain; objective findings included decreased range of motion of the cervical spine and decreased grip strength. There were no gastrointestinal subjective complaints or clinical findings noted on this progress report. Diagnoses included conditions related to the cervical spine and S/P gastric bypass with gastritis on Nexium. Review of the records has supported symptomatic treatment with a proton pump inhibitor, Nexium, in the past. The treating physician is requesting Zantac 300mg qhs. A Utilization Review determination was rendered on 03/14/14 recommending non-certification of Zantac 300mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zantac 300mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guideline Clearing House Guidelines for the diagnostic and management of gastroesophageal reflux disease.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump

Inhibitors Other Medical Treatment Guideline or Medical Evidence: National Guideline Clearinghouse, GERD.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) does not address medication therapy for GERD or gastritis. The Official Disability Guidelines note that proton pump inhibitors (PPIs) are recommended for patients at risk for gastrointestinal events. In this case, therapy is for gastritis post gastric bypass. National Guideline Clearinghouse states: ACG also notes that bedtime H2RA therapy can be added to daytime PPI therapy in selected patients with objective evidence of night-time reflux if needed, but may be associated with the development of tachyphylaxis after several weeks of usage. Documentation did not support that the IW had clinical findings or night-time symptoms, breakthrough or otherwise, that would support the medical necessity of Zantac 300mg at hs. Therefore, the medical record does not document the medical necessity for Zantac 300mg at hs #30.