

Case Number:	CM14-0051010		
Date Assigned:	07/07/2014	Date of Injury:	11/21/2000
Decision Date:	08/22/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/18/2014

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 Emergency 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 injured worker is a 60 year-old female, who sustained an injury on November 21, 2000. The mechanism of injury occurred when she tripped over piping and fell on her left buttocks. Diagnostics have included EMG/NCV on August 19, 2008 which were reported as showing chronic Left L5-S1 radiculopathy and lumbar MRI on July 31, 2009 which was reported as showing L4-5 fusion. Treatments have included medications, caudal epidural injection on April 16, 2013, lumbar fusion and left foot/ankle debridement. The current diagnoses are s/p lumbar fusion, lumbar radiculopathy, lumbar degenerative disc disease, left ankle pain and left knee pain. The stated purpose of the request for Ranitidine HCL Tablets 150mg qty 60 was not noted. The request was denied on March 26, 2014, citing a lack of documentation of detailed description of GI complaints or functional response to this medication's usage. Per the report dated March 13, 2014, the treating physician noted complaints of pain to the knee and low back which had increased from the prior visit. She also complained of constipation and a feeling of knee instability. The patient had a history of Hepatitis C and elevated liver enzymes. Exam findings included pain to the knee and low back. She is awaiting GI clearance for right knee surgical intervention. Per an AME report dated March 8, 2011, future medical treatment included orthopedic and pain management, ankle foot orthotics, injections, arthroscopies and joint replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine HCL Tablets 150mg qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The requested Ranitidine HCL Tablets 150mg qty 60 is not medically necessary. CA MTUS, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulants; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA) and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has pain to the knee and low back. The treating physician has not documented specific details of GI distress symptoms, specific GI oriented diagnoses, nor symptomatic or functional improvement from previous usage of this medication which was prescribed for at least six months duration. The criteria noted above not having been met, Ranitidine HCL Tablets 150mg qty 60, is not medically necessary.