

<b>Case Number:</b>	CM14-0066622		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/10/2010
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Geriatrics and is licensed to practice in New York. 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 50 year old man with a date of injury of 6/10/10. He was seen by his primary treating physician on 3/13/14. He had global pain complaints and his condition was said to be stable and unchanged. He had started pool therapy and returned for medications to the office. His physical exam showed a blood pressure of 110/80 and generalized axial spine tenderness with painful lumbar spine range of motion. His diagnoses were chronic pain disorder, sleep disorder, hypertension, pain disorder associated with psychological and medical factors, symptomatic lumbar spondylosis, chronic cervical musculoligamentous sprain/strain, borderline diabetes and left lumbar radiculopathy. His treatment plan included the refill of Ranitidine and Prilosec for GERD which are at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ranitidine 150mg #60 4 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal Reflux Disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Uptodate: Drug information (Ranitidine) and Medical management of Gastroesophageal reflux disease in adults.

**Decision rationale:** The injured worker has chronic pain. Ranitidine is an H2 receptor antagonist that is used to treat ulcers, gastroesophageal reflux disease and esophagitis. The clinical notes do not document symptoms to justify this medication nor provide evidence that his symptoms have been relieved with the use of Ranitidine to substantiate medical necessity. Therefore, this request is not medically necessary.

**Prilosec 20mg #30 4 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal Reflux Disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12p.

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

**Decision rationale:** This worker has chronic pain and is taking Prilosec for GERD. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that he is at high risk of gastrointestinal events given his age is less than 60 and he meets none of the other criteria to justify medical necessity of Prilosec. Additionally, the clinical notes do not document symptoms to justify this medication. Therefore, the request is not medically necessary.