

Case Number:	CM14-0094692		
Date Assigned:	08/06/2014	Date of Injury:	01/31/1997
Decision Date:	09/30/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/20/2014

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 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 41 year old female who sustained an injury on 01/31/97. No specific mechanism of injury was noted. The injured worker was followed for chronic pain complaints including neck pain and low back pain. The injured worker reported intermittent exacerbations of this pain that were severe. Prior treatment included extensive physical therapy and multiple medications which included Norco and LidoPro. Other medications included Celebrex Lyrica Cymbalta naproxen Norco soma and Butrans Dilaudid and tramadol all which provided adverse reactions. As of 05/19/14 the injured worker continued to report neck pain and low back pain radiating to the upper extremities and lower extremities. On physical examination there was tenderness to palpation in the cervical paraspinals with decreased range of motion. Facet loading in the cervical spine was positive. In the lumbar spine there was tenderness to palpation in the lumbar paraspinals bilaterally. Gait was antalgic and slow with loss of range of motion. Norco and LidoPro topical ointment were continued at this visit. The injured worker was also continued on Topamax. As of 07/14/14 the injured worker had persistent severe complaints of neck pain and low back pain. The injured worker reported that Medrol DosePak improved her recent flare up of severe chronic pain. Physical examination findings remained unchanged. The injured worker was recommended to continue with Norco LidoPro cream and Topamax. The requested Ranitidine 150mg #60 with two refills were denied by utilization review on 06/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg #60 with 2 refills as an outpatient for neck and back injury.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics 12th ed. McGraw Hill, 2006. Physician's Desk Reference 68th ed.; www.rxlist.com; www.odgtwc.com/odgtwc/formulary.htm; www.online.epocrates.com; www.empr.com; www.agencymeddirectors.wa.gov.

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: Ranitidine. (2013). In Physicians' desk reference 67th ed.

Decision rationale: In regards to Ranitidine 150mg #60 with two refills this reviewer would not have recommended this medication as medically necessary based on clinical documentation submitted for review. There did not appear to be any indication for this medication per the clinical documentation submitted for review. This was not a listed active medication in the most recent records and there was no specific rationale for the use of this medication. No substantial side effects from current medication regimen was noted that would support the use of this medication. No other clinical documentation was noted for the development of GERD or active ulcers. Therefore this reviewer does not recommended this request as medically necessary.