

<b>Case Number:</b>	CM14-0096121		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Family Practice 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:

This injured worker's date of injury is 01/13/2012. This patient receives treatment for coccidioidomycosis, which is believed to be from exposure at a worksite. The patient also receives treatment of depression, multiple aching joints, stiffness, and weakness. Allopurinol and colchicine were prescribed for the patient. This review is for the prescription for ranitidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ranitidine 150mg #30/days supply 30:** Upheld

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

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

**Decision rationale:** Ranitidine is classified as an H2 blocker, which can reduce the secretion of stomach acid. H2 blockers may be indicated to prevent gastrointestinal events in patients who are risk for these untoward events when taking either corticosteroids or NSAIDs. There is no documentation in the medical records to suggest this patient is at risk for gastrointestinal events. Ranitidine is not medically indicated in this patient and as such is not medically necessary and appropriate.

