

Case Number:	CM14-0123184		
Date Assigned:	08/06/2014	Date of Injury:	10/21/2011
Decision Date:	03/04/2015	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 50 year old male who was injured when he twisted to grab falling boxes and felt a crack on the right side of his lower back. The date of injury was October 21, 2011. Diagnoses include right shoulder rotator cuff syndrome, status post surgery, chronic lumbar strain with disc herniation, failed back syndrome and right knee meniscal syndrome, status post arthroscopy. On June 4, 2014, the injured worker complained of persistent neck pain, lower back pain, right knee pain and bilateral hip pain. He stated that his Norco medication controls his pain from a 5 down to a 2-3 on a 1-10 pain scale. Physical examination revealed limited range of motion in the cervical and lumbar spine. There was tenderness over the paraspinals. Kemp's test was positive bilaterally. Straight leg raise test was positive bilaterally at 50 degrees to posterior thigh. Range of motion was limited in the right shoulder with flexion at 160 degrees, extension at 40 degrees, abduction at 140 degrees, adduction at 40 degrees, internal rotation at 60 degrees and external rotation at 70 degrees. There was tenderness over the acromioclavicular joint. Exam of the right knee revealed tenderness over the lateral joint line and limited range of motion with flexion at 140 degrees and extension at 0 degrees. Medications were listed as treatment. A request was made for Ranitidine 100 mg #90. On July 10, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 100mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with pain in his neck, lower back, right knee, and bilateral hips. The request is for RANITIDINE 100 MG 1 TAB Q 8H #90. The patient has been taking this medication as early as 04/03/2014. MTUS Guidelines page 69 states, "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. Ages greater than 65 years. 2. History of peptic ulcer, GI bleeding, or perforation. 3. Concurrent use of ASA, corticosteroids, and/or an anticoagulant. 4. High-dose multiple NSAID." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The 06/10/2014 report indicates that the patient is currently using Keratek analgesic gel, flurbiprofen/tramadol/ranitidine, and hydrocodone/APAP. In this case, there is no discussion regarding what ranitidine is doing for the patient. The 04/03/2014 report indicates that the patient "is experiencing acid reflux and burning in his abdomen which he attributes to taking medications." Although the patient appears to have GI issues, none of the reports discussed what this medication is doing for the patient. There are no GI symptoms described and no discussions regarding how ranitidine is managing the symptoms. Due to lack of documentation, the requested ranitidine IS NOT medically necessary.