

<b>Case Number:</b>	CM14-0188265		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	05/26/2005
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 51-year-old gentleman with a date of injury of 05/26/2005. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 07/17/2014, 08/21/2014, 09/18/2014, and 10/16/2014 indicated the worker was experiencing neck and lower back pain with radicular symptoms to the legs, hand weakness and numbness, depressed mood. Documented examinations consistently described decreased wrist sensation, positive Tinel's and Phalen's signs on the right, positive Tinel's sign of the elbow, tenderness to the upper back with spasm, decreased motion of the upper back joints, tenderness in the lower back, positive testing involving a straightened leg on both sides, and elbow tenderness. The submitted and reviewed documentation concluded the worker was suffering from ulnar neuritis on both sides, musculoligamentous strain in the upper back with spondylosis and multilevel disk bulging, right carpal tunnel syndrome, and depression and anxiety. Treatment recommendations included oral pain medication, medication injected into the right elbow, a right elbow brace, stomach protectant medications, a MRI of the lower spine, and follow up care. A Utilization Review decision was rendered on 10/22/2014 recommending non-certification for sixty tablets of Zantac (Ranitidine) 150mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zantac 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s):.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** Zantac (Ranitidine) is a medication in the H2-blocker class. The FDA approves the use of this medication to treat heartburn symptoms. The MTUS Guidelines support the use of a proton pump inhibitor, which the worker was also prescribed, when there is an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves the use of both of these classes of medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing neck and lower back pain with radicular symptoms to the legs, hand weakness and numbness, depressed mood. There was no suggestion the worker had any symptoms or signs of any of the conditions this medication is used to treat. There also was no discussion detailing extenuating circumstances supporting the use of this medication in this setting. In the absence of such evidence, the current request for sixty tablets of Zantac (Ranitidine) 150mg is not medically necessary.