

Case Number:	CM14-0189443		
Date Assigned:	11/20/2014	Date of Injury:	08/19/2004
Decision Date:	02/06/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/13/2014

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 (IW) is a 54-year-old man with a date of injury of August 19, 2004. The mechanism of injury occurred while lifting barricades onto a truck. The IW developed pain from his neck to his lower back. The injured worker's working diagnoses are lumbar discogenic disease with radiculitis; chronic low back pain; and intractable pain. Pursuant to the progress note dated September 17, 2014, the IW complains of low back pain. The pain is unbearable without medications. He reports he is more than 50% improved with medications. Examination of the lumbar spine reveals spasm, painful range of motion (ROM), as well as limited ROM. He has positive straight leg raising on the right to 50 degrees and on the left to 60 degrees. Decreased sensation bilaterally at L4-L5 and L5-S1 was noted. Treatment plan includes home exercise program, Oxycodone 30mg, Norco, Relpax, Zantac 300mg, Valium 10mg, and TENS unit. The documentation does not contain any evidence of comorbid conditions compatible with risk factors such as peptic ulcer disease, G.I. bleeding, concurrent use of aspirin or steroids, etc. The current request is for Zantac 300mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANTAC TAB 300MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 68, 78 & 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and GI Effects Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID and GI Effects.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, the Official Disability Guidelines, Zantac 300 mg is not medically necessary. Zantac is an H2 receptor blocker. H2 receptor blockers are indicated in patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, age greater than 65; history peptic ulcer, G.I. bleeding; concurrent use of aspirin or steroids; high dose/multiple nonsteroidal anti-inflammatory. Proton pump inhibitors are indicated for short-term treatment of active gastric and duodenal ulcers. Zantac is used for short-term treatment of active duodenal ulcers and benign gastric ulcers. In this case, the documentation does not contain any evidence of comorbid conditions compatible with risk factors peptic ulcer disease, G.I. bleeding, concurrent use of aspirin or steroids, etc. The injured worker's working diagnoses are lumbar discogenic disease with radiculitis; chronic low back pain; and intractable pain. There is no documentation in the medical record to support the use of Zantac based on the clinical documentation. Consequently, absent the appropriate risk factors and documentation to support the use of Zantac, Zantac 300 mg is not medically necessary.