MAXIMUS Federal Services

Case Number:	CM14-0193622		
Date Assigned:	12/01/2014	Date of Injury:	03/20/2007
Decision Date:	01/15/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/19/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 patient is a 48-year-old female with a date of injury of 03/20/2007. Per treating physician report 10/01/2014, the patient presents with continued neck and low back pain. Examination of cervical spine revealed diffuse muscle guarding and tenderness and positive axial head compression. Examination of the lumbar spine revealed normal lordosis, diffuse muscle guarding and tenderness. There is positive piriformis tenderness bilaterally and Yeoman's test is also positive bilaterally. There is referred back pain with minimal straight leg raise. The listed diagnoses are: 1. Post-laminectomy pain syndrome, status post laminectomy 2008, and anterior/posterior instrument fusion in 2013.2. Fibromyalgia with associated sleep disorder and GERD symptoms.3. Adjustment disorder with anxiety and depressed mood. The treating physician recommends that the patient detox from Hydrocodone and Naprosyn, "both of which are contributing to dyspepsia." Treatment plan is for Butrans patch, Cymbalta, Trazodone, Prilosec 20 mg with Zantac qhs. for severe GERD symptoms. The utilization review denied the request for Zantac on 10/16/2014. Treatment reports from 09/17/2013 through 10/01/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Zantac #30. On 10/01/2014, the treating physician recommended that the patient continue with Prilosec with Zantac qhs. for severe GERD symptoms. Utilization review denied the request for Zantac, stating that Prilosec has been certified; therefore, the medication Zantac is not medically necessary. For Ranitidine, the MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Due to the patient's continued severe GERD, the treating physician instructed the patient to discontinue Naproxen and to continue Prilosec with Zantac. The patient has been utilizing Naproxen on a long term basis and has a history of severe GERD. Therefore, requested Zantac is medically necessary.