

Case Number:	CM14-0199070		
Date Assigned:	12/09/2014	Date of Injury:	02/12/2003
Decision Date:	01/27/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/26/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 65 year old patient with date of injury of 02/12/03. Medical records indicate the patient is undergoing treatment for s/p C4-C7 anterior cervical fusion, cervical spinal stenosis and brachial neuritis. Subjective complaints include neck and left arm radiculopathy, pain radiates from the neck to left arm, left forearm, thumb, and index fingers bilaterally with intermittent numbness and tingling and mild weakness. Objective findings include normal gait, tenderness with palpation to paracervical and trapezius musculature bilaterally, decreased sensation to left arm including thumb and index finger, weakness to grip and dropped triceps reflex on the left. MRI dated 4/21/14 revealed C3-C4 moderate bilateral foraminal stenosis due to mild disc degeneration with circumferential 2mm bulge and facet arthropathy, C7-T1 moderate bilateral foraminal stenosis due to circumferential 1mm disc bulge and moderate facet arthropathy and C4-C7 discectomies with solid anterior fusion in normal alignment with patent canal and neural foraminal. Treatment has consisted of cervical nerve root block, physical therapy, Lisinopril, Norco, Docusate, Ranitidine, Colace, Lyrica, Vicodin, Lorazepam, Senokot, and Ibuprofen. The utilization review determination was rendered on 11/06/2014 recommending non-certification of Ranitidine Hydrochloride 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine Hydrochloride 150mg, #60: Upheld

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

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

Decision rationale: Ranitidine is an H2 blocker and like a PPI (proton pump inhibitor) can be utilized to treat dyspepsia secondary to NSAID therapy. MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." MTUS also states that, "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, treatment of dyspepsia secondary to NSAID therapy or other GI risk factors as outlined in MTUS. As such, the request for Ranitidine Hydrochloride 150mg, #60 is not medically necessary.