

Case Number:	CM14-0204611		
Date Assigned:	12/16/2014	Date of Injury:	05/08/2012
Decision Date:	02/26/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/08/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 July 26, 1997. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are piriformis syndrome; spinal stenosis lumbar region neurogenic claudication; radiculopathy lumbar spine; lumbosacral spondylosis; and thoracic spondylosis.

Pursuant to the progress report dated October 29, 2014, the IW complains of low back pain rated 6/10. He presents for medication refill. Past medical history includes hypertension and diverticulitis. Objectively, gastrointestinal examination indicates the IW is negative for heartburn, nausea, abdominal pain, vomiting, diarrhea, constipation, and loss of appetite. Examination of the lumbar spine reveals tenderness restricted range of motion. The IW is taking Norco 10/325mg, and Ranitidine 150mg. The IW was taking Omeprazole 20mg prior to Ranitidine. There was no documentation as to why the provider stated the IW on Ranitidine. The IW was not taking any anti-inflammatory medications. The current request is for Ranitidine 150mg #60 (2 x per day as needed).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg, #60 (2x per day as needed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole (PPI) Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, NSAI and GI effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ranitidine 150 mg #60 (two times per day as needed) is not medically necessary. Ranitidine 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. The risk factors include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high dose/multiple nonsteroidal anti-inflammatory drugs. Ranitidine is used to treat ulcers, gastroesophageal reflux disease and conditions where the stomach produces too much acid, such as the Zollinger - Ellison syndrome. In this case, the injured worker's working diagnoses are piriformis syndrome; spinal stenosis lumbar region neurogen claudication; radiculopathy lumbar spine; lumbosacral spondylosis; and thoracic spondylosis. The documentation from an October 29, 2014 progress note indicates the injured worker was taking omeprazole prior to that date. There was no clinical indication or rationale documented in the medical record regarding omeprazole. The current medications listed in the progress note are Norco 10/325 mg and Ranitidine 150mg. There were no clinical indications for Ranitidine documented in the medical record. The review of systems indicated the injured worker had no history of heartburn or dyspeptic symptoms. Consequently, absent clinical documentation to support the need for Ranitidine with risk factors for gastrointestinal events, Ranitidine 150 mg #60 (two times per day as needed) is not medically necessary.