

Case Number:	CM14-0209082		
Date Assigned:	12/22/2014	Date of Injury:	03/26/2002
Decision Date:	02/11/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rheumatology and is licensed to practice in Maryland. 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 63 year old male with date of injury 3/26/02. The mechanism of injury is stated as occurring during usual work duties. The patient has complained of neck pain and low back pain since the date of injury. He has been treated with epidural steroid injection, physical therapy and medications. MRI of the lumbar spine performed in 10/2012 revealed spondylolisthesis of L4 on L5 associated with facet disease and trace neuroforaminal narrowing at L4-5. Objective: tenderness to palpation of the bilateral lumbar spine musculature, decreased strength bilaterally in the L5-S1 dermatome. Diagnoses: chronic pain syndrome, lumbar facet arthropathy, lumbar radiculopathy. Treatment plan and request: Zantac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150 mg #60, between 10/23/2014 and 1/12/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPI). Decision based on Non-MTUS Citation Official Disability Guidelines- Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/Zantac

Decision rationale: This 63 year old male has complained of neck pain and low back pain since date of injury 3/26/02. He has been treated with epidural steroid injection, physical therapy and medications to include Zantac since at least 09/2014. The current request is for Zantac. Zantac is a medication used to treat symptoms of heartburn and gastro esophageal reflux related disease. There is no documentation in the available medical records of medical rationale regarding the necessity use of this medication. On the basis of the above cited medical treatment guideline and the available provider documentation, Zantac is not indicated as medically necessary in this patient.