

<b>Case Number:</b>	CM14-0066229		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/09/2008
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 is a 53-year-old male, who sustained an industrial injury on 03/09/2008. He has reported subsequent right knee, right shoulder, low back and right elbow pain and was diagnosed with post-traumatic arthritis of the right knee, status post rotator cuff repair, chronic lumbar discogenic pain with L1 compression fracture and flexor tendinopathy of the right arm. Treatment to date has included oral pain medication, surgery, physical therapy and a functional restoration program. In a progress note dated 08/25/2014, the injured worker complained of moderate right shoulder pain radiating to the neck and increasing right anterior knee pain. Objective findings were notable for diffuse tenderness to palpation over the anterior and posterior joint line with crepitus over the AC joint and tenderness and trigger points noted over the right upper trapezius and right periscapular muscles, reduced range of motion, tenderness of the right and left knees with crepitus and tenderness of the lumbar paraspinal muscles. There were no specific objective examination findings of the gastrointestinal system documented. The physician noted that a refill of Zantac would be ordered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zantac 300 MG HS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Pain, Antiemetics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

**Decision rationale:** Regarding the request for ranitidine (Zantac), California MTUS states that H2 receptor antagonists are appropriate for the treatment of dyspepsia secondary to NSAID therapy. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use or another indication for this medication. In light of the above issues, the currently requested ranitidine (Zantac) is not medically necessary.