

<b>Case Number:</b>	CM14-0099612		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	05/04/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 29-year-old male patient who sustained a work-related injury on 05/04/2011. The diagnoses include lumbar spine radiculopathy, lumbar spine disc displacement, headaches and Schmorl's node at L3. According to the special comprehensive primary treating physician's report dated 6/4/14, he had complaints of headaches and low back pain. Back pain was frequent to constant and moderate to severe; there was radiation of pain to the bilateral lower extremities with numbness and tingling. The physical examination revealed tenderness, guarding, decreased range of motion of the lumbar spine, positive straight raising test bilaterally and decreased sensation in L4, L5 and S1 dermatomes bilaterally. The medications list includes deprizine, dicopanol, fanatrex, synapryn, tabradol and topical compound cream. He has had brain MRI and cervical MRI with normal findings; lumbar MRI which revealed protrusions at L3-S1. He has had physical therapy for this injury. The treating provider requests Ranitidine oral solution. The Utilization Review on 06/19/2014 non-certified the request for Ranitidine oral solution, citing CA MTUS guidelines for compounded agents.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ranitidine Oral Solution:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Agents Page(s): 121-122.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompspon Micromedex, Ranitidine Hydrochloride-FDA-Labeled Indications.

**Decision rationale:** Ranitidine Oral Solution. According to the Thompspon Micromedex, FDA labeled indications for ranitidine are "Duodenal ulcer disease, Duodenal ulcer disease, Maintenance, Erosive esophagitis, Gastric hypersecretion, Gastric ulcer, Gastric ulcer, Maintenance, Gastroesophageal reflux disease, Helicobacter pylori gastrointestinal tract infection, Indigestion, Non-ulcer, Zollinger-Ellison syndrome." Any of the above listed indications in this patient is not specified in the records provided . Rationale for prescribing drugs in suspension form is not specified in the records provided. Inability to take the tablet form of the medication is not specified in the records provided. The medical necessity of Ranitidine Oral Solution is not established for this patient.