

Case Number:	CM15-0003412		
Date Assigned:	01/14/2015	Date of Injury:	10/08/2010
Decision Date:	03/09/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/07/2015

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: Ohio, North Carolina, Virginia
 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:

The injured worker is a 42 year old female, who sustained an industrial injury on October 8, 2010. She has reported injuries to her neck, left shoulder, left wrist and hand. The diagnoses have included cervical brachial syndrome, left medial epicondylitis, left carpal tunnel syndrome, left flexor tenosynovitis, left Dequervain's, neuropraxia media nerve on the left, fasciatus, left hand and wrist pain, calcifying tendonitis of the left shoulder and status post right breast contusion. Treatment to date has included diagnostic studies and medications. Currently, the injured worker complains of cervical spine pain described as constant and stiff with the sensation of swelling. This pain was rated as a 7 on the 1-10 pain scale. She also complained of left shoulder, hand and wrist pain described as constant and achy with numbness. This pain was rated as an 8 on the pain scale. She continues to have issues with her right breast, which was injured at the same time as her neck and shoulder. In evaluation dated August 21, 2014, she stated her medications were not helping her at that time. On December 26, 2014, Utilization Review non-certified Ranitidine 150 milligrams #30 with two refills, noting the California Chronic Pain Medical Treatment Guidelines. On January 7, 2015, the injured worker submitted an application for Independent Medical Review for review of Ranitidine 150 milligrams #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: For the treatment of dyspepsia secondary to NSAID therapy, the guidelines recommend that the clinician stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists such as Ranitidine or a proton pump inhibitor such as omeprazole. In this instance, the injured worker is taking the NSAID Ibuprofen but the submitted documentation does not indicate any gastrointestinal complaints such as dyspepsia. The physical exam has shown the abdomen to be soft and non-tender. Therefore, Ranitidine 150 mg #30 is not medically necessary in view of the submitted documentation and in accordance with the referenced guidelines.