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| <b>Case Number:</b>   | CM15-0105744 |                              |            |
| <b>Date Assigned:</b> | 06/10/2015   | <b>Date of Injury:</b>       | 12/20/1996 |
| <b>Decision Date:</b> | 07/13/2015   | <b>UR Denial Date:</b>       | 05/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/02/2015 |

### 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: North Carolina

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 75 year old female who sustained an industrial injury on 12/20/96. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include neck and back pain. Current diagnoses include cervical and lumbar radiculopathy, muscle spasm, depression, fibromyalgia/myositis, and lumbar spondylosis. In a progress note dated 03/21/15, the treating provider reports the plan of care as medications including oxycodone, OxyContin, gabapentin, Zantac, and Aciphex. Zantac was added since the previous visit on 03/02/15 with no documentation regarding the reason for the addition of Zantac to her medication regimen. The requested treatment is 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 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, Zantac.

**Decision rationale:** The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medications a H2 blocker indicated in the treatment of gastritis, peptic ulcer disease and GERD. The patient does not have any of these primary diagnoses as related to industrial incident. Therefore the request is not medically necessary.