

Case Number:	CM15-0106110		
Date Assigned:	06/10/2015	Date of Injury:	10/28/2009
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	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: 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 49 year old male, who sustained an industrial injury on October 28, 2009. Treatment to date has included lumbar discectomy, MRI of the lumbar spine, and medications. Currently, the injured worker complains of lumbar spine pain with radiation of pain to the left leg. The injured worker rates his pain a 4 on a 10 point scale with associated tightness and pulling. His left hip pain is rated a 5 on a 10 point scale and described as achy. He reports that his left leg feels heavy all the way down the leg and at times there is an electrical shock and sensation, which radiates down the leg. The diagnoses associated with the request include lumbosacral neuritis, multi-level degenerative disc disease of the lumbar spine, lumbosacral disc bulges and status post L5-S1 discectomy. The treatment plan includes Ibuprofen, Ranitidine and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Randitidine 150mg quantity 30 with two refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti Inflammatory Drugs.

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, it appears that ibuprofen is being initiated. Providing the patient with an H2 blocker as prophylaxis against G.I. conditions in case the patient ends up using ibuprofen at high dose on a consistent basis, seems reasonable to reduce the risk of G.I. complications. As such, the currently requested ranitidine (Zantac) is medically necessary.