

Case Number:	CM15-0109014		
Date Assigned:	06/15/2015	Date of Injury:	10/12/1995
Decision Date:	07/14/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 57 year old female, who sustained an industrial injury on 10/12/1995. The injured worker is currently diagnosed as having chronic right lateral epicondylitis, right basilar joint arthrosis, status post anterior cervical discectomy and fusion, and status post right carpal tunnel release with residuals. Treatment and diagnostics to date has included cervical spine surgery, wrist surgery, and medications. In a progress note dated 05/20/2015, the injured worker presented with complaints of neck pain and stiffness, right thumb pain, and right elbow pain. Objective findings include tenderness over the right basilar joint with a positive grind test and right elbow tenderness with increased pain with resisted wrist extension. The treating physician reported requesting authorization for Zantac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150mg 1 tablet two (2) times per day #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs
 Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines: Ranitidine.

Decision rationale: Zantac (Ranitidine) is a histamine blocker and antacid used to treat peptic ulcers, gastritis and gastroesophageal reflux (GERD). Zantac works by blocking the effects of histamine on the receptor site known as H2. Proton Pump Inhibitors (PPIs) are prescribed to both prevent and treat ulcers in the duodenum and the stomach. In most trials, the PPIs have proved to be superior to the H2 blockers. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Zantac has not been established. The requested medication is not medically necessary.