

Case Number:	CM15-0019228		
Date Assigned:	02/09/2015	Date of Injury:	05/14/2012
Decision Date:	04/03/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34-year-old male who reported an injury on 05/14/2012. The mechanism of injury was not specifically stated. The current diagnoses include chronic upper and low back pain, bilateral sciatica, lumbar degenerative disc disease, and post concussive syndrome with residual headaches and right sided hearing loss. The injured worker presented on 02/02/2015 for a follow-up evaluation. The injured worker was utilizing Neurontin 300 mg, Motrin 600 mg, amitriptyline 10 mg, tramadol 50 mg, and Zantac 150 mg. Upon examination, there was tenderness to palpation in the lower lumbar spine and bilateral lumbar paraspinal regions. Seated straight leg raise was negative bilaterally. Finger to the floor distance was 4 inches. There was 2+ deep tendon reflexes, 5/5 motor strength, and reduced sensation to light touch in the L4 and L5 dermatomes of the right lower extremity. Recommendations at that time included laboratory studies and continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac (Ranitidine Hydrochloride) 150mg tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state for treatment of dyspepsia secondary to NSAID therapy, the NSAID should be discontinued or switched to a different NSAID, or the consideration of an H2 receptor antagonist or a PPI should be made. In this case, there was no documentation of an attempt at discontinuation of the injured worker's NSAID medication. There was no indication that the injured worker's NSAID medication had been switched due to medication induced dyspepsia. The medical necessity for the requested medication has not been established. There is also frequency or quantity listed in the request. As such, the request is not medically appropriate.