

<b>Case Number:</b>	CM15-0133556		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 52 year old female who sustained an industrial injury on October 31, 2011. She has reported low back pain and has been diagnosed with displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified and other post procedural status. Treatment has included medications. She has complained of low back pain a 7-9 out of 10 with radiation to the left leg. There was swelling and spasm noted with decreased range of motion and sensation at S1 distribution. Straight leg raise was positive on the right. The treatment request included Ranitidine 150 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ranitidine 150mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Ranitidine: Drug information. Topic 9853, version 159.0. UpToDate, accessed 08/15/2015.

**Decision rationale:** Ranitidine is a medication in the H2-blocker class. The FDA approves the use of this medication to treat heartburn symptoms. The MTUS Guidelines support the use of a proton pump inhibitor when there is an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves the use of both of these classes of medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the left leg. There was no suggestion the worker had any symptoms or signs of any of the conditions this medication is used to treat. There also was no discussion describing special circumstances that sufficiently support the use of this medication in this setting. In the absence of such evidence, the current request for 60 tablets of ranitidine 150mg is not medically necessary.