

<b>Case Number:</b>	CM15-0134325		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	05/13/2009
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2015

### 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

### 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 (IW) is a 40-year-old male who sustained an industrial injury on 05/13/2009. Diagnoses/impressions include knee strain. Treatment to date has included medications, psychological treatment, chiropractic care and physical therapy. According to the PR2 dated 5/12/15, the IW reported pain in the neck, bilateral shoulders, greater on the right, and in the low back, radiating to the right lower extremity. He rated his pain 7/10. On examination, the cervical paraspinal muscles, upper trapezius and lumbar paraspinal muscles were tight, with spasms. Sensation was reduced in the right C6-C7 and L5-S1 dermatomes. Straight leg raise, sitting, was positive bilaterally. Medications included Norco, Ibuprofen and Ranitidine; it was noted the Norco helps the shoulder pain. A request was made for Ranitidine HCl tablets 150mg 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ranitidine 150mg #60 for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with neck, low back, and right shoulder pain radiating to the right upper extremity. The request is for RANITIDINE 150 MG # 60 FOR THE RIGHT SHOULDER. Physical examination to the lumbar spine on 05/12/15 revealed reduced sensation to light touch/pin wheel at L5-S1 distribution. Per 05/12/15 progress report, patient's diagnosis include B CTS, R-SH bursitis, and L/S DDD, C/S DDD/radic. Patient's medications, per 05/12/15 progress report include Ranitidine and Ibuprofen. Patient's work status, per 05/12/15 progress report is temporary totally disabled for 45 days. MTUS Guidelines page 69 states, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: 1. Ages greater than 65 years. 2. History of peptic ulcer, GI bleeding, or perforation. 3. Concurrent use of ASA, corticosteroids, and/or an anticoagulant. 4. High-dose multiple NSAID. Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. Treater has not discussed this request. In this case, only one progress report was provided which was hand-written and not legible. Patient's medications include Ibuprofen (NSAID) and Rantidine. In this case, there are no discussions regarding what Ranridine is doing for the patient. There are no GI symptoms described and no discussions regarding how Ranitidine is managing the symptoms. Due to lack of documentation, the requested Ranitidine is not medically necessary.