

Case Number:	CM15-0139875		
Date Assigned:	07/29/2015	Date of Injury:	03/11/2003
Decision Date:	09/02/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/20/2015

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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 36 year old male sustained an industrial injury on 3/11/03. He subsequently reported neck, back and left knee pain. Diagnoses include abdominal pain and dysphagia. Treatments to date include x-ray testing and prescription medications. The injured worker continues to experience gastrointestinal complaints. Upon examination, there was tenderness over the epigastric area with some tenderness over the sides of the abdomen. Back and extremity evaluation revealed tenderness over the spine area, particularly over the cervical and dorsolumbar area along with tenderness over his knees was noted. A request for Ranitidine 150mg SIG: Daily QHS #30 was made by the treating physician. The medical records note that medication regimen also consists of Dexilant. June 11, 2015 report diagnoses the patient with abdominal pain consistent with gastroesophageal acid reflux aggravated by use of NSAID medication, anxiety and obesity, rule out erosive gastritis caused by NSAID and dysphagia of uncertain etiology rule out gastroesophageal reflux causing esophageal spasm versus esophagitis caused by NSAID medication and anxiety. Examination reveals tenderness of the abdomen and result of the upper and lower GI endoscopy was consistent with GERD, gastritis, rectal bleeding and hemorrhoids. He is going to be scheduled for upper GI endoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg SIG: Daily QHS #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a601106.html>.

Decision rationale: As noted in Medline Plus, Ranitidine is used to treat ulcers; gastroesophageal reflux disease (GERD), a condition in which backward flow of acid from the stomach causes heartburn and injury of the food pipe (esophagus); and conditions where the stomach produces too much acid, such as Zollinger-Ellison syndrome. Over-the-counter ranitidine is used to prevent and treat symptoms of heartburn associated with acid indigestion and sour stomach. Ranitidine is in a class of medications called H2 blockers. It decreases the amount of acid made in the stomach. June 11, 2015 report diagnoses the patient with abdominal pain consistent with gastroesophageal acid reflux aggravated by use of NSAID medication, anxiety and obesity, rule out erosive gastritis caused by NSAID and dysphagia of uncertain etiology rule out gastroesophageal reflux causing esophageal spasm versus esophagitis caused by NSAID medication and anxiety. Examination reveals tenderness of the abdomen and result of the upper and lower GI endoscopy was consistent with GERD, gastritis, rectal bleeding and hemorrhoids. The injured worker is going to be scheduled for upper GI endoscopy. Given the current diagnoses and examination findings, the request for H2 blocker such as ranitidine is supported. Therefore the request is medically necessary.