

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0160953 | | |
| Date Assigned: | 08/27/2015 | Date of Injury: | 08/17/2012 |
| Decision Date: | 10/02/2015 | UR Denial Date: | 07/17/2015 |
| Priority: | Standard | Application Received: | 08/18/2015 |

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 43 year old female who sustained an injury on 8-17-12 resulted when a forklift pushed a crate of yams and she was lodged between the crate and the conveyer belt. She felt pain in her lower back and neck. Treatment included chiropractic, physical therapy and medications. X-rays were taken of her neck and back. A transcutaneous electrical nerve stimulation (TENS) for pain relief and she had one lumbar epidural steroid injection that did not help her long term pain relief. Diagnoses are lumbar disk bulges at L4-L5 and L5-S1; mild left L5 radiculitis without true radiculopathy. MRI lumbar spine performed on 9-17-13; electromyogram and nerve conduction studies on 11-4-13. A prescription for Zantac 150 mg was prescribed on 3-11-15 for stomach protection. An evaluation on 7-1-15 report the IW continues to have pain in the neck as well as mid and lower back with pain radiating down left leg. She reports suffering from numbness and tingling in left leg; constant headaches. The pain is rated 8 out of 10 and currently does not feel improvement with the medications. Treatment plan is Baclofen 10 mg every night for muscle relaxation; Zantac 150 mg twice a day for stomach protection; Fenoprofen 400 mg twice a day as needed for inflammation and pain; Exoten-C lotion for local application. The physical examination cervical spine was well preserved with no splinting; range of motion flexion and extension are close to normal but she is very uncomfortable at the extreme range; tenderness and pain at L4-L5 and L5-S1. Current requested treatments Zantac 150 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Zantac is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. In addition there is no documentation of recent use of NSAI drugs. Therefore, Zantac 150mg prescription is not medically necessary.