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| Case Number: | CM15-0164165 | | |
| Date Assigned: | 09/01/2015 | Date of Injury: | 10/24/2005 |
| Decision Date: | 10/28/2015 | UR Denial Date: | 07/27/2015 |
| Priority: | Standard | Application Received: | 08/21/2015 |

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, New York
 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:

The injured worker is a 44 year old male who sustained an industrial injury on 10-24-2005 while carrying heavy crates. The injured worker was diagnosed with degenerative lumbar intervertebral disc, myofascial pain and lumbosacral radiculitis. The injured worker is status post two level fusion in 2007. Treatment to date has included diagnostic testing, surgery, physical therapy, cognitive behavioral therapy (CBT) evaluation and medications. According to the primary treating physician's progress report on July 13, 2015, the injured worker continues to experience bilateral lower back pain associated with left lower extremity weakness, numbness and tingling. Evaluation noted normal posture with an antalgic gait favoring the left side. Radiographic X-rays were negative for instability. No myoclonus present. Current medications were listed as Norco and Ranitidine. Treatment plan consists of Computed Tomography (CT) of the lumbar spine, follow-up with spinal surgeon and the current request for Ranitidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg #60, 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.

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

Decision rationale: The request is considered medically necessary. The need for GI prophylaxis is clear. According to MTUS, the patient is at low risk of GI events. He is younger than age 65, does not have a history of PUD, GI bleed or perforation, he does not use aspirin, corticosteroids, or anticoagulants, is not on high dosages or multiple NSAIDs. However, there were GI complaints of gastritis with oral NSAID use. Chronic use of NSAIDs increase the risk of GI bleeds. Therefore, the request is considered medically necessary.