

Case Number:	CM15-0181344		
Date Assigned:	09/22/2015	Date of Injury:	09/14/2001
Decision Date:	10/27/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/15/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 61 year old female, who sustained an industrial injury on September 14, 2001. She reported low back pain with bilateral lower extremity radiculopathy. The injured worker was diagnosed as having cervical multi-level degenerative disc disease, lumbar discopathy and disk displacement, right knee medial meniscal tear, old medial proximal tibial plateau fracture, left knee pain, left hand and wrist tendinosis, recent left knee contusion due to industrially related knee weakness and knee internal derangement and right compensatory ankle pain. Treatment to date has included diagnostic studies, acupuncture, physical therapy, medications and work restrictions. Currently, the injured worker continues to report low back pain with pins and needles sensation to bilateral hands and feet. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. She was without complete resolution of the pain. Urinary drug screen on September 18, 2014, was noted as inconsistent with expectations. Evaluation on March 20, 2015, revealed continued pain as noted. She denied any gastrointestinal symptoms. It was noted Prilosec was prescribed for possible gastrointestinal upset secondary to Norco use. Evaluation on May 1, 2015, revealed no gastrointestinal assessment and continued pain as noted. It was noted she was not working and not attending therapy. Evaluation on August 7, 2015, revealed continued pain as noted. There was no gastrointestinal assessment included and no noted side effects from the medications. The RFA included a request for Zantac 150mg #60 with 2 refills and was non-certified on the utilization review (UR) on August 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR.net; Zantac.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com.

Decision rationale: The MTUS and ODG are silent regarding the use of zantac. According to UptoDate.com, zantac is a histamine H2 Antagonist. It is approved for the treatment of peptic ulcer disease, endoscopic proven erosive esophagitis, GERD and pathological hypersecretory conditions such as Zollinger-Ellisson disease. The documentation submitted for review does not support that the patient had any of these diagnosis. Furthermore, the patient has been treated with Zantac in the past without any documentation of symptom relief or efficacy of treatment. The continued use of zantac is not medically necessary.