

Case Number:	CM15-0183955		
Date Assigned:	09/24/2015	Date of Injury:	01/07/2013
Decision Date:	10/30/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/18/2015

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: Arizona, 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:

The 46-year-old female injured worker suffered an industrial injury on 1-7-2013. The diagnoses included lumbar fusion and left hip bursitis. On 6-17-2015, the treating provider reported increased pain in the left leg and the back pain was better. She stated the left hip and leg was bothersome. On exam, the lumbar spine had reduced range of motion with positive straight leg raise along with tenderness over the left hip. Prior treatment included lumbar fusion 12-19-2014. The Toradol injection was given at that visit for a "flare-up". The Utilization Review on 8-20-2015 determined non-certification for Zantac 150mg tablets Qty: 60.00 and Retrospective Toradol 60mg IM injection Qty: 1.00 (DOS 6/17/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150mg tablets Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Zantac is an H2 blocker. It is indicated for GERD. Similar to a PPI, it is to be used with for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Zantac is not medically necessary.

Retrospective Toradol 60mg IM injection Qty: 1.00 (DOS 6/17/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) www.odgtreatment.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on oral NSAIDs for months. There was no indication of Tylenol or oral NSAID failure. Long-term NSAID use has renal and GI risks. The claimant required Zantac and PPIs while on NSAID. The addition of IM Toradol was not medically necessary.