

Case Number:	CM15-0184160		
Date Assigned:	10/02/2015	Date of Injury:	12/20/2010
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old with a date of injury on 12-20-2010. The injured worker is undergoing treatment for right elbow dislocation-status post closed reduction, right elbow medial epicondylitis-resolved, left knee dislocation-status post reduction, left popliteal artery and occlusion-status post arterial graft, left peroneal nerve injury with left foot drop, left peroneal nerve graft 02-01-2012, left ingrown toenail-resolved and neuropathic pain secondary to left peroneal nerve injury, depression and anxiety and overeating. The injured worker has chronic gastroesophageal reflux disease from her medications. A physician progress note dated 06-02-2015 documents the injured worker has complaints of left knee and right elbow injuries. She uses a cane intermittently for distances. She shows a 3+steppage gait and she has complete foot drop in the left leg. Her left knee exam shows 2+ anterior drawer into the left and 1+ lateral collateral ligament laxity. She has an anterior and posterior drawer and varus stress laxity. She has intact sharp versus dull sensation to the sole of the left foot and anterior shin and thigh, absent on the lateral calf. She has complete left foot drop. The color of the left foot is mildly dusky, cooler than the right and there is 2+ edema present. She has mild cyanosis and temperature decrease of the left foot but no convincing evidence of complex regional pain syndrome. She is not working. Treatment to date has included diagnostic studies, medications, left ankle foot arthrosis and knee stabilizing brace, steroid injections, status post Gore-Tex artery graft to the left popliteal artery, status post peroneal nerve fragment taken for the left sural nerve donor site on 02-01-2012. She exercises by swimming and some bicycling. She uses a cane intermittently for distances. The injured worker previously was taking Ibuprofen but gives her gastritis requiring Zantac. Mobic

will be less irritating to the GI tract and she can discontinue Zantac. The Request for Authorization dated 06-02-2015 includes Pool membership for 12 months, Cymbalta, and Mobic. On 09-03-2015 Utilization Review modified the request for Zantac 150mg, #60 with 10 refills to Zantac 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150mg, #60 with 10 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Proton pump inhibitors.

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

Decision rationale: The patient was injured on 12/20/10 and presents with left knee pain and right elbow pain. The request is for ZANTAC 150MG, #60 WITH 10 REFILLS. The utilization review denial letter did not provide a rationale. There is no RFA provided and the patient's current work status is not provided either. It is unclear when the patient began taking this medication. MTUS guidelines, NSAIDs GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient is diagnosed with right elbow dislocation-status post closed reduction, right elbow medial epicondylitis-resolved, left knee dislocation-status post reduction, left popliteal artery and occlusion-status post arterial graft, left peroneal nerve injury with left foot drop, left peroneal nerve graft 02-01-2012, left ingrown toenail-resolved and neuropathic pain secondary to left peroneal nerve injury, depression, anxiety, overeating, and chronic gastroesophageal reflux disease from her medications. As of 06/02/15, the patient is taking Advil, Tylenol, and Duloxetine. Given that the patient is taking NSAIDs and is diagnosed with chronic gastroesophageal reflux disease, the requested Zantac appears reasonable. Use of PPIs is indicated for GERD, as this patient presents with. Therefore, the requested Zantac IS medically necessary.