

Case Number:	CM15-0189769		
Date Assigned:	10/01/2015	Date of Injury:	10/27/1999
Decision Date:	11/13/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 76 year old male who sustained an industrial injury on 10-27-1999. Current diagnoses include carpal tunnel syndrome, sprain-cervical, disk bulge-herniation, and lumbar sprain. Report dated 08-06-2015 noted that the injured worker presented with complaints that included neck pain with radicular pain to both arms and down to the hands with numbness and tingling, limited range of motion, stiffness and tightness in the low back, low back pain with numbness and tingling in both legs to the feet with stiffness, tightness, and limited range of motion and occasional spasm, pain in both wrists with numbness, tingling, and weakness. Current medications include Mobic, Xanax, Soma, and Vicodin. Physical examination performed on 08-06-2015 revealed decreased cervical range of motion and Spurling's test produces cervicothoracic pain, Finkelstein's test of the right wrist produces pain, and decreased lumbar range of motion with pain. Previous treatments included medications and home exercises. The treatment plan included advising to work on core strengthening at home, prescribed Vicodin, Soma, and Zantac to protect the stomach and avoid gastrointestinal upset, and follow up in 2-3 months for re-evaluation. The injured worker has been prescribed Zantac since at least 02-12- 2015. The utilization review dated 09-01-2015, non-certified the request for Zantac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150mg #60 X 2 Refills Rx Date: 08/06/2015: Overturned

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 (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the documents available for review, the IW is at moderate risk for GI side effects from NSAIDS and therefore H2 blockers such as Zantac are first line treatment. Therefore, the requirements for treatment have been met and medical necessity has been established.