

Case Number:	CM15-0192478		
Date Assigned:	10/06/2015	Date of Injury:	09/07/2012
Decision Date:	11/16/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/30/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

This is a 59 year old male who sustained an industrial injury on 9-7-2012. A review of the medical records indicates that the injured worker is undergoing treatment for clinically consistent right lumbar radiculopathy, possibility of lumbar facet pain, degenerative disc disease, and insomnia secondary to pain. According to the progress report dated 7-9-2015, the injured worker complained of persistent low back pain rated 5 out of 10. He also complained of numbness in both legs. Per the treating physician (6-5-2015), the injured worker was not currently working. The physical exam (7-9-2015) revealed spasms in the lumbar paraspinal muscles and stiffness noted in the lumbar spine. There was tenderness in the lumbar facet joints. Treatment has included lumbar epidural steroid injection and medications. Current medications (7-8-2015) included Norco, Flector patches, and ranitidine. The original Utilization Review (UR) (9-4-2015) denied a 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Drugs.com <http://www.drugs.com/ranitidine.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com <http://www.drugs.com/pro/zantac.html>.

Decision rationale: The California MTUS and Official Disability Guidelines (ODG) do not address the issue of ranitidine use in injured workers. However, the FDA states that ranitidine is indicated in the treatment of active gastric or duodenal ulcers, or for endoscopically diagnosed erosive esophagitis. According to treating physician notes through 9-15-2015, there is no documentation that this injured worker has had gastrointestinal complaints. In addition, there is no documentation that this patient is taking an oral NSAID medication that requires prophylactic medication. Therefore, the request for ranitidine 150mg #60 is not medically necessary and appropriate.