

<b>Case Number:</b>	CM15-0192744		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	10/28/1995
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 73 year old male, who sustained an industrial injury on 10-28-1995. He has reported injury to the neck and low back. The diagnoses have included cervical radiculopathy; muscle spasm; lumbosacral radiculopathy; status post L1-S1 fusion; failed back syndrome, lumbar; sacroiliitis; and unspecified neuralgia, neuritis, and radiculitis. Treatment to date has included medications, diagnostics, sacroiliac joint injections, physical therapy, and surgical intervention. Medications have included Lyrica, Cymbalta, Ryzolt, Seroquel, Wellbutrin SR, Nucynta, and Zantac. A progress note from the treating physician, dated 08-26-2015, documented a follow-up visit with the injured worker. The injured worker reported low back and neck pain; he had bilateral sacroiliac joint injections and has been with better control of his overall pain process; having less pain across his low back belt line region; he finished a course of six physical therapy sessions and this was helpful; he has not been requiring Nucynta for his pain; his neck has been a bit achier with the recent weather changes; he has increased achiness in his joints; and his medication continue to provide symptomatic and restorative function helping to take the edge off his pain, allowing him to remain functional in his essential activities of daily living. Objective findings included he is in no acute distress; tenderness at the thoracic paraspinal muscles; palpable twitch positive trigger points are noted in the thoracic paraspinal muscles; lumbar spine with mild scar tenderness; palpable twitch positive trigger points are noted in the lumbar paraspinal muscles; gait appears to be antalgic; pain with lumbar range of motion; unable to extend; and Patrick's and Gaenslen's tests are positive on the right and the left. The treatment plan has included the request for Zantac 150mg #180. The original utilization review, dated 09-01-2015, non-certified the request for Zantac 150mg #180.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Zantac 150mg #180:** Upheld

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

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

**Decision rationale:** Zantac contains ranitidine, which is an H<sub>2</sub> receptor antagonist. The MTUS Guidelines recommend the use of a proton pump inhibitor (PPI) such as omeprazole or the use of misoprostol in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. In this case, the injured worker is at an increased risk of gastrointestinal events when using NSAIDs due to his age, additionally, he complains of GI upset. However, there is no evidence that the injured worker is currently prescribed NSAIDs, therefore, the request for Zantac 150mg #180 is determined to not be medically necessary.