

Case Number:	CM15-0193660		
Date Assigned:	10/07/2015	Date of Injury:	04/19/1999
Decision Date:	11/23/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 19, 1999. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve a request for ranitidine (Zantac). The claims administrator referenced an RFA form received on August 25, 2015 and an associated progress note dated August 10, 2015 in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated July 13, 2015, difficult to follow, not entirely legible, the applicant reported multifocal complaints of neck and low back pain. The note comprised, largely, of preprinted checkboxes with little to no associated narrative commentary. Trigger point injections were administered. Work restrictions were endorsed, though it was not clear whether the applicant was or was not working with said limitations in place. The applicant was given a prescription for Zantac. There was, however, no mention of the applicant having issues with reflux, heartburn, and dyspepsia on this date. Multiple handwritten progress notes were also reviewed, several of which were not clearly dated. Progress notes of April 20, 2015 and May 15, 2015 suggested that the applicant was working despite 7/10 low back pain complaints. There was, however, no mention of the applicant's having any issues with reflux, heartburn, or dyspepsia on either date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine Cap 150mg #60: 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: No, the request for ranitidine (Zantac), an H2 antagonist, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as Zantac (ranitidine) are indicated in the treatment of NSAID-induced dyspepsia, here, however, multiple progress notes referenced above, including those dated April 20, 2015, May 15, 2015, and July 13, 2015 made no mention of the applicant's having any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.