

<b>Case Number:</b>	CM15-0195420		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	01/18/2006
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Arizona, California

Certification(s)/Specialty: 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 1-18-2008. Medical records indicate the worker is undergoing treatment for lumbar disc displacement, post laminectomy syndrome and lumbar radiculopathy. A progress note dated 6-24-2015 showed the injured worker complain of low back pain rated 7 out of 10 and physical exam revealed paralumbar spasm and tenderness. Medications on that visits included Roxicodone and Nexium. A recent psychological progress report dated 8-12-2015, reported the injured worker presented for psychological evaluation and follow-up and did not address the Ranitidine or complaints of heartburn or acid reflux. Treatment to date has included physical therapy and medication management. The physician is requesting Ranitidine 300mg #30. On 8-31-2015, the Utilization Review noncertified the request for Ranitidine 300mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ranatidine 300mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Ranitidine is an H2 blocker. It is indicated for GERD. Similar to a PPI, it is to be used with for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was also previously on a PPI (Nexium). Change to Ranitidine was not substantiated. Therefore, the continued use of Ranitidine is not medically necessary.