

Case Number:	CM15-0199931		
Date Assigned:	10/15/2015	Date of Injury:	11/23/2013
Decision Date:	12/01/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/12/2015

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, Texas
 Certification(s)/Specialty: Internal 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 59 year old male, who sustained an industrial injury on 11-23-13. The injured worker was diagnosed as having lumbar disc displacement; lumbosacral neuritis NOS. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 7-27-15 documented by the provider indicated the injured worker has a history of low back pain with degenerative disc disease and chronic myospasm for which he has had prior courses of therapy. He notes the injured worker denies recent acupuncture and pain management intervention. The provider documents the injured worker continues to complain of low back tension and spasm with difficulty with simple tasks such as bending, stooping, prolonged standing and walking. He notes the injured worker recently took a road trip which was very limiting for him in regards to pain levels. The provider documents his physical examination "fairly unchanged from prior with a lumbar range of motion roughly 65% of normal with pain on extension and flexion of the lumbar spine. The patient has weakness in the lower extremities, motor function in great toe and ankle dorsiflexion of 4 out of 5 in quantity bilaterally. The patient has sensory loss over the dorsum of the foot on the right side. Straight leg raise is positive on the left at 90 degrees in supine and sitting position. Range of motion of all joints is within normal limits." The provider reviewed diagnostic testing but there are no dates offered: "The patient's imaging studies including MRI of the lumbar spine has been reviewed indicating multilevel spondylosis, most pronounced at L2-L3, L4-L5 and L5-S1. The patient's nerve testing of the lower extremities is negative for radiculopathy." The provider's treatment plan does include a trigger point injection for the lumbar spine administered on this date. He is transferring the

injured worker's care to another provider. The provider makes no mention of current or past medications on this note. A PR-2 note dated 6-22-15 is same to similar type notes with complaints and exam. There is no mention of medications current or past in this PR-2 note. A Request for Authorization is dated 9-21-15. A Utilization Review letter is dated 9-10-15 and non-certification for Ranitidine 150mg #60. A request for authorization has been received for Ranitidine 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Drug information, Ranitidine.

Decision rationale: The MTUS is silent regarding the use of ranitidine. According to UptoDate.com, Ranitidine is used in the treatment of peptic ulcer disease, erosive esophagitis, GERD and gastritis. In this case the patient is treated for multiple diagnosis including heartburn, gastritis and chronic pain. The documentation submitted shows that this patient has an appropriate diagnosis for the use of ranitidine and that it has been effective. The continued use is medically necessary.