MAXIMUS Federal Services

Case Number:	CM15-0203321		
Date Assigned:	10/20/2015	Date of Injury:	08/21/2014
Decision Date:	12/04/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/15/2015

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 46-year-old who has filed a claim for chronic elbow and knee pain reportedly associated with an industrial injury of August 21, 2014. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve requests for Zantac (ranitidine), Motrin, and occupational therapy. A September 8, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On said September 8, 2015 office visit, the applicant reported ongoing complaints of left elbow and bilateral knee pain. 5 to 8/10 pain complaints were noted. The applicant was on Tramadol, Naprosyn, and a topical compounded medication, it was as stated in one section of the note. Toward the bottom of the note, MRI studies of multiple body parts were ordered along with Zantac and Motrin. The applicant was placed off of work, on total temporary disability, in the interim.

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, GI symptoms & cardiovascular risk.

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

Decision rationale: Yes, the request for ranitidine (Zantac), an H2 antagonist, was medically necessary, medically appropriate, and indicated here. As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, individuals who are at heightened risk for development of adverse gastrointestinal effects who, by implication, qualify for prophylactic usage of proton pump inhibitors or H2 antagonists such as ranitidine include those individuals who are using multiple NSAIDs. Here, the applicant was described on September 8, 2015 as in fact using two separate NSAIDs, Naprosyn and Motrin. Introduction of ranitidine (Zantac) was, thus, indicated for cyto-protective effect purposes, as suggested on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was medically necessary.

Ibuprofen 800mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Conversely, the request for ibuprofen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first-line treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider incorporate some discussion of applicant-specific variable such as "other medications" into his choice of recommendations. Here, however, the attending provider failed to furnish a clear or compelling rationale for concurrent usage of two separate anti-inflammatory medications, Motrin and Naprosyn on the September 8, 2015 office visit at issue. It was not clearly stated why the applicant needed to use two separate anti-inflammatory medications on that date. Therefore, the request was not medically necessary.