

Case Number:	CM15-0213344		
Date Assigned:	11/03/2015	Date of Injury:	01/10/2002
Decision Date:	12/18/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/29/2015

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] beneficiary who has filed a claim for cardiac arrhythmias and gastroesophageal reflux disease (GERD) reportedly associated with an industrial injury of January 10, 2002. In a Utilization Review report dated October 21, 2015, the claims administrator failed to approve a request for Zantac. The claims administrator did, however, approve a request for amiodarone. Office visits of October 5, 2015 and August 17, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On said October 12, 2015 office visit, the applicant was described as having ongoing issues with cardiac arrhythmias. The attending provider stated that he had decided to employ Zantac owing to the applicant's history of cardiac arrhythmias. The attending provider stated that he had ceased previously prescribed Nexium. Zantac was endorsed on the grounds that the attending provider believed that it would ameliorate the applicant's issues with reflux. The applicant's work status was not reported. In a letter dated October 29, 2015, the applicant's attorney stated that the applicant had never previously been on Zantac and that both he and the attending provider believed that the applicant should be furnished with Zantac to ameliorate the applicant's issues with reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Zantac 150mg #60: Overturned

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: Yes, the request for Zantac, an H2 antagonist, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, H2 antagonists such as Zantac are indicate in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia seemingly present here. The applicant was described on a letter dated October 29, 2015 and on a report dated October 5, 2015 as having active symptoms of reflux. The treating provider contended that introduction of Zantac was needed to ameliorate the same; on the grounds that the applicant had developed arrhythmias apparently induced or exacerbated by previously prescribed Nexium. Introduction of Zantac was, thus, indicated on or around the date in question. Therefore, the request is medically necessary.