

Case Number:	CM15-0218261		
Date Assigned:	11/10/2015	Date of Injury:	05/07/2002
Decision Date:	12/22/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/05/2015

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: California

Certification(s)/Specialty: Emergency 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:

This 51 year old female sustained an industrial injury on 5-7-02. Documentation indicated that the injured worker was receiving treatment for right lower extremity complex regional pain syndrome and left knee injury with mechanical instability. Past medical history was significant for anemia, anxiety and depression. In a visit note dated 2-12-15, 3-12-15, 4-9-15 and 5-7-15, the injured worker denied nausea, vomiting, stomach pain, constipation, diarrhea, or black or blood stools. In a progress report dated 9-3-15, the injured worker complained of pain rated 7 to 8 out of 10 on the visual analog scale that affected her self-care, grooming and hygiene. The injured worker complained of difficulty sleeping at night. The injured worker stated that she functioned better with medications than without. The physician documented that the injured worker had had no adverse reactions or side effects from medications. Subjective complaints did not mention gastrointestinal complaints. Physical exam was remarkable for atrophy of the right calf with pain limited range of motion of the right foot. The physician noted that the injured worker was well nourished and well developed. The treatment plan included refilling medications including Baclofen, Paxil, Percocet and Ranitidine (prescribed since at least 2-12-15). On 10-2-15, Utilization Review non-certified a request for Ranitidine 300mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 300mg #30 with 3 refills: 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: The requested Ranitidine 300mg #30 with 3 refills is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68 and 69, note, "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The physician documented that the injured worker had had no adverse reactions or side effects from medications. Subjective complaints did not mention gastrointestinal complaints. Physical exam was remarkable for atrophy of the right calf with pain limited range of motion of the right foot. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Ranitidine 300mg #30 with 3 refills is not medically necessary.