

Case Number:	CM15-0032451		
Date Assigned:	02/25/2015	Date of Injury:	05/25/2011
Decision Date:	05/01/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/20/2015

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: 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 45 year old female, who sustained an industrial injury on 05/25/2011. The diagnoses have included neuralgia, neuritis, & radiculitis, cervical sprain/strain, and thoracic sprain/strain. Noted treatments to date have included carpal tunnel surgery, physical therapy, and medications. Diagnostics to date have included MRI of the cervical spine on 10/27/2011 showed stable degenerative changes of the cervical spine most pronounced at C5-6 resulting in mild-moderate narrowing of the central canal with circumferential effacement of the cerebrospinal fluid space and flattening of the cord. In a progress note dated 12/13/2014, the injured worker presented with complaints of right wrist pain, bilateral shoulder pain, and bilateral digital numbness. The treating physician reported no nausea, vomiting, or diarrhea in the injured worker. Utilization Review determination on 01/27/2015 modified the request for Ranitidine 180mg #60 with 3 refills to Ranitidine 180mg #60 citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 180mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ranitidine (Zantac).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gi symptoms and cardiovascular risk Page(s): 68.

Decision rationale: According to guidelines it states a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20mg omeprazole daily) or misoprostol (200g four times daily) is recommended there is no documentation of increased chance of gastritis. The requested treatment is not medically necessary.