

Case Number:	CM15-0033797		
Date Assigned:	02/27/2015	Date of Injury:	09/05/2011
Decision Date:	04/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34-year-old male who reported an injury on 09/05/2011. The mechanism of injury was due to a slip and fall. Past treatments included home exercise and medications. His diagnoses included chronic pain syndrome, low back pain and muscle pain. On 01/30/2015, the injured worker complained of back pain. Documentation indicated the injured worker found medications to be helpful and were well tolerated. The documentation also indicated the use of Zantac for GI upset, to be taken at night. The review of systems indicated the injured worker denied nausea, vomiting, diarrhea, constipation or acid indigestion with his gastrointestinal assessment. His current medications were noted to include cyclobenzaprine 10 mg, hydrocodone /acetaminophen 5/325 mg, Naprosyn 550 mg, omeprazole 20 mg and Zantac 300 mg. A request was received for Zantac 300 mg #30 to assist with GI upset. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantax 300mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: According to the California MTUS Guidelines, an assessment is needed for patients 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. It may also be used for the treatment of dyspepsia secondary to NSAID therapy. The injured worker was indicated to be taking Zantac to assist with GI upset. However, upon physical examination and gastrointestinal assessment, the injured worker denied any GI events. In addition, there was lack of documentation in regard to a complete assessment for risk of GI events. There was also lack of documentation to indicate the injured worker ever had dyspepsia secondary to NSAID therapy. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.