

Case Number:	CM15-0052490		
Date Assigned:	03/25/2015	Date of Injury:	07/31/1998
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/19/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 65 year old female who sustained a work related injury July 31, 1998. Past history included s/p C4-5, C5-6 and C6-7 anterior discectomy and fusion 1999, s/p lumbar laminectomy s/p hardware removal cervical spine with revision arthrodesis C5-6 February, 2007, chronic dysphagia, s/p right shoulder rotator cuff repair x 2, and s/p bilateral carpal tunnel syndrome. According to a pain management physician's supplemental report, dated January 20, 2015, the injured worker returned to the office with continued severe neck pain. She had been scheduled for a right scalenectomy and was cancelled by the injured worker. There is severe neck tenderness and substantial reduction in cervical spine range of motion. Diagnoses are chronic pain syndrome; cervical post laminotomy pain syndrome; bilateral shoulder internal derangement/impingement; right thoracic outlet syndrome; obesity. Treatment plan included renewal of Nucynta, Zantac, Lunesta and Cymbalta, and follow-up with neurosurgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150mg p.o. b.i.d. #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/zantac-drug.htm>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Zantac 150mg p.o. b.i.d. #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The MTUS states that long-term PPI (proton pump inhibitor) use (> 1 year) has been shown to increase the risk of hip fracture. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor per the MTUS. The documentation does reveal that the patient has a history of GERD but the recent documents do not discuss symptoms, GERD, or efficacy of Zantac. Furthermore, the documentation indicates that the patient has been on Zantac for over one year, which can lead to increased risk of hip fractures. For these reasons, the request for Zantac is not medically necessary.