

Case Number:	CM15-0052540		
Date Assigned:	03/26/2015	Date of Injury:	12/04/2012
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
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: Arizona, 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 47-year-old male, who sustained an industrial injury on 12/04/2012. Initial complaints reported included low back pain due to cumulative trauma. The injured worker was diagnosed as having right rotator cuff tear. Treatment to date has included conservative care/therapies, medications, right shoulder surgery (06/12/2014), psychiatric / psychological therapies, and MRI. Currently, the injured worker complains of constant neck and low back pain, and bilateral shoulder pain with stiffness. Diagnoses include lumbar spondylosis without myelopathy, disorder of the bursa of the shoulder region, and neck pain. The treatment plan consisted of continued medications (including gabapentin, Meloxicam, and ranitidine), supplemental QME, multi-disciplinary evaluation, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 75 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. Ranitidine is an H2 blocker intended to relieve the symptoms of reflux with similar intended use as that of a PPI. In this case, the claimant had NSAID induced gastritis. The claimant had been on opioids, NSAIDS, topical analgesics and anti-epileptics. The claimant had been on NSAIDS for over 6 months in combination with the above medications. There was no substantiation for its continued use if it were causing gastritis. The continued use of Meloxicam is not necessary (NSAID). As a result, the continued use of Ranitidine) H2 blocker is not medically necessary.