

Case Number:	CM15-0052808		
Date Assigned:	03/26/2015	Date of Injury:	02/12/2003
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
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 65-year-old male, who sustained an industrial injury on 02/12/2003. On provider visit dated 02/24/2015 the injured worker has reported ongoing neck pain that radiates to bilateral trapezius. On examination he was noted to have a restricted range of motion of cervical spine, and tenderness to palpation to paracervical and trapezius musculature bilaterally, decreased sensation to left arm. No gastrointestinal issues reported. The diagnoses have included cervical spine stenosis and brachial neuritis NOS. Treatment to date has included medication, injections and laboratory studies. The provider requested the medication refill of Ranitidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation; Disability Duration Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
 Page(s): 67.

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. In this case, an H2 blocker such as Ranitidine is used for gastric reflux and in similar situations as a PPI. In this case, the claimant had been on multiple opioids and NSAIDs for pain control. The claimant requires injections due to inadequate pain control with oral medications. Recent progress notes do not provide pain scores to justify continued use of multiple analgesics. Review of symptoms on 2/24/15 do not indicate GI symptoms. Continued use of NSAID and Opioids is not justified and as a result, the continued use of Ranitidine is not medically necessary.