

Case Number:	CM15-0056262		
Date Assigned:	04/01/2015	Date of Injury:	02/20/2005
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/24/2015

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: Internal 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 42 year old male, who sustained an industrial injury on February 20, 2005. The injured worker was diagnosed as having myoligamentous lumbar strain with radiculopathy and disc protrusion. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), H-wave, injections and medication. A progress note dated January 26, 2015 provides the injured worker complains of back pain. He reports epidural steroid injection has totally relieved his pain in the past. Physical exam notes lumbar and sciatic tenderness with full range of motion (ROM). The plan includes taking Tramadol and Zantac. The MD states that Tramadol causes heartburn and Zantac is given to treat that side effect. In prior notes from 2014 we note that the patient has a history of reflux and Prilosec had been denied to treat that symptom. On Feb. 25 of 2015 the UR denied Zantac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 9853 and version 149.0 and topic 2258 and version 36.0.

Decision rationale: Zantac is a histamine H2 antagonist and is used to treat duodenal ulcer, gastric ulcer, erosive esophagitis, and to prevent heartburn. Its possible side effects include bradycardia, asystole, dizziness, depression, rash, diarrhea, nausea, anemia, hepatitis, and arrhythmia. Up to date states that the treatment for reflux initially consists of diet modification, lifestyle changes, and low doses of histamine H2 antagonists such as Zantac as well as antacids on a PRN basis. If symptoms continue the H2 antagonist is given in full strength two times a day. If symptoms continue to persist the H2 antagonist is discontinued and the more effective PPI medicine such as Omeprazole is utilized. We note that the above patient has a history of acid reflux and that the use of Tramadol causes heartburn. The Zantac is used to combat this side effect of the pain medicine utilized. Therefore, it should be approved for use in this patient, and the UR decision is overturned. The request is medically necessary.