

Case Number:	CM15-0080376		
Date Assigned:	05/01/2015	Date of Injury:	09/28/2000
Decision Date:	06/01/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/27/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 63-year-old female, who sustained an industrial injury on September 28, 2000, incurring back injuries. She was diagnosed with a lumbar degenerative disc disease, lumbosacral sprain and lumbar radiculopathy. Treatment included neuropathic drugs, pain medications, and patches. Currently, the injured worker complained of ongoing low back pain. The treatment plan that was requested for authorization included prescriptions for Glucosamine-Chondroitin, Zantac and Ranitidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Glucosamine-Chondroitin 500mg-400mg dispense #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine-Chondroitin Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: The CA MTUS addresses the use of glucosamine and chondroitin in cases of osteoarthritis particularly that of the knee. In this case, the patient's provided records do not indicate knee arthritis as an issue, but rather low back pain. While the records indicate subjective improvement in back pain with use of glucosamine, the evidence does not support that it is any better than placebo. The Official Disability Guidelines do not recommend glucosamine for use in patients with low back pain, and because the treatment is not recommended by the guidelines, therefore, the request is not medically necessary at this time.

Retro: Zantac 150mg dispense #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. In this case, the patient is getting good relief of gastrointestinal upset with use of Zantac; however, the provided documents do not document any consideration of actual gastrointestinal risk or indicate failure of more appropriate first line therapy (proton pump inhibitor). Ranitidine is not a first-line treatment. There is no objective indication of gastrointestinal issues noted on provided exam documentation. Therefore, the request is not medically appropriate.

Ranitidine 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. In this case, the patient is getting good relief of gastrointestinal upset with use of Zantac; however, the provided documents do not document any consideration of actual gastrointestinal risk or indicate failure of more appropriate first line therapy (proton pump inhibitor). Ranitidine is not a first-line treatment. There is no objective indication of gastrointestinal issues noted on provided exam documentation. Therefore, the request is not medically appropriate.