

<b>Case Number:</b>	CM15-0081936		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	02/04/2001
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 51-year-old male, who sustained an industrial injury on 2/4/2001. He reported that a machine fell onto his right knee. Diagnoses have included chronic left ankle pain, post-traumatic arthritis, chronic right knee pain, chronic low back pain, lumbar herniated nucleus pulposus (HNP) L4-L5 with radiculopathy and left knee pain, meniscal tear. Treatment to date has included magnetic resonance imaging (MRI), physical therapy, surgical intervention, VQ interferential stimulator and medication. According to the progress report dated 3/17/2015, the injured worker complained of intermittent but daily pain in the low back, bilateral knees and left ankle. He complained of pain radiating to the lateral and posterior aspect of the right leg and occasionally extending to the calf and anterior foot and ankle. He reported that Norco reduced his pain by more than 50%. It was noted that heartburn related to chronic medication use was controlled with Zantac. The injured worker's gait was antalgic and slow. There was mild tenderness over the lumbar paraspinals and limited range of motion in the lumbar spine. There was tenderness to palpation to the lateral aspect of the left knee. Authorization was requested for Zantac.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zantac 150mg #60 with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H2 blockers Page(s): 68-69.

**Decision rationale:** Regarding this request for a histamine receptor antagonist, the California MTUS states that H2 receptor antagonists are appropriate for the treatment of dyspepsia secondary to NSAID therapy. Pharmacologically, these agents are FDA approved to treat ulcer, dyspepsia, and GERD through selective antagonism of H2 receptors in the GI tract. Within the documentation available for review, there is indication that the patient has complaints of dyspepsia and heartburn secondary to NSAID use. The UR determination had concluded that the patient did not take any NSAIDs, but there is an appeal letter dated 4/3/15 in which the requesting provider has clarified that in fact the patient does take naproxen intermittently. Given this clarification, the current request is medically necessary.