

Case Number:	CM15-0087793		
Date Assigned:	05/12/2015	Date of Injury:	09/02/2013
Decision Date:	06/12/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/07/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 49 year old male who sustained an industrial injury on 09/02/2013. Diagnoses include lumbar strain/sprain, lumbar disc pathology, lumbar radiculopathy, and lumbar spondylosis. Treatment to date has included diagnostic studies, medications, physical therapy, and home exercise program. A physician progress note dated 04/08/2015 documents the injured worker has pain radiating down into his right leg with low back pain. He continues to take Motrin, Prilosec as well as Neurontin, and he continues to have problems with gastrointestinal irritation. In the past he took Zantac which did help with the gastrointestinal irritation. He rates his pain as a 4-5 out of 10 depending on his activity. On examination straight leg raising test in a sitting position, he complains of tightness in the back. There is lumbosacral paraspinal spasm with tender areas over the lower lumbosacral and facet joints. He has right leg tightness with straight leg raising. There is documentation present in a physical progress note dated 04/13/2015 that a Magnetic Resonance Imaging done on 09/23/2013 revealed a large L5-S1 intervertebral disc extrusion to the right side compressing the S1 nerve root. The treatment plan is to continue taking his current medication regime, Zantac 150 mg once daily and if Zantac is not working, then the injured worker can do a trial of Prilosec one tablet twice a day. Treatment requested is for Zantac 150 mg #60 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150 mg #60 2 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk and Other Medical Treatment Guidelines Uptodate.com, NSAIDs (including aspirin): Primary prevention of gastroduodenal toxicity.

Decision rationale: Zantac (Ranitidine) is an H2 antagonist used for the treatment of stomach ulcers and gastroesophageal reflux. MTUS states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." Uptodate states regarding H2 antagonist for GI prophylaxis, "Standard doses of H2 receptor antagonists were not effective for the prevention of NSAID-induced gastric ulcers in most reports, although they may prevent duodenal ulcers [33]. Studies that detected a benefit on gastric ulcer prevention were short-term (12 to 24 weeks) and focused on endoscopic rather than clinical endpoints". The patient does not meet the age recommendations for increased GI risk. The medical documents provided establish the patient has experienced GI discomfort, but is nonspecific and does not indicate history of peptic ulcer, GI bleeding or perforation. Medical records do not indicate that the patient is on ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. The patient is currently prescribed ibuprofen and gabapentin. The previous reviewer indicated this trial of the medication and modified the request to Zantac 150 mg #60; 1 refill. As such, the request for Zantac 150 mg #60 2 refills is not medically necessary.