

Case Number:	CM15-0089821		
Date Assigned:	05/14/2015	Date of Injury:	10/09/2013
Decision Date:	06/16/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/11/2015

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 26 year old male, who sustained an industrial injury on October 9, 2013, incurring left shoulder injuries. Magnetic Resonance Imaging of the left shoulder revealed hypertrophic changes of the acromioclavicular joint. He was diagnosed with a left shoulder impingement syndrome. He underwent a left shoulder arthroscopic surgery on April 1, 2014. Treatment included activity restrictions, anti-inflammatory drugs and proton pump inhibitor. Currently, the injured worker complained of increased pain in the left shoulder region after lifting, pushing, or pulling and working with overhead activities. Examination of the left shoulder revealed decreased range of motion and weakness. The treatment plan that was requested for authorization included a prescription for Zantac. A progress report dated April 10, 2015 indicates that the patient has been taking loading twice per day and Zantac on a regular basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150mg twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

Decision rationale: Regarding the request for ranitidine (Zantac), California MTUS states that H2 receptor antagonists are appropriate for the treatment of dyspepsia secondary to NSAID therapy. Within the documentation available for review, it is clear the patient is taking high-dose NSAIDs on a continuous basis. This would put the patient in a high risk category for GI events. As such, the use of a prophylactic GI medication is reasonable. In light of the above issues, the currently requested ranitidine (Zantac) is not medically necessary.