

Case Number:	CM14-0116303		
Date Assigned:	08/04/2014	Date of Injury:	01/07/2013
Decision Date:	10/06/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52-year-old male with a 1/7/13 date of injury. The patient was seen on 6/23/14 with complaints of low back pain and right lower extremity pain, which was somewhat relieved after a right lumbar transformational nerve block was done on 4/28/14. His pain was a 7/10. He was noted to have tried NSAIDS with no relief. He was noted to be on Celebrex, omeprazole, and cyclobenzaprine. Exam findings revealed no abnormality on abdominal exam, and decreased range of motion of the C-spine and L-spine. He was also seen on 6/25/14 with similar complaints. Zantac was prescribed on this visit. The diagnosis is cervical spine pain, cervical disc degeneration, cervical radiculitis/root compression, and lumbar radiculitis/neuritis. Treatment to date: medications, TF nerve block an adverse determination was received on 7/14/14 given the patient was already noted to be on omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150 mg, #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Ranitidine)

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Ranitidine is indicated in the treatment of active gastric or duodenal ulcers, or for endoscopically diagnosed erosive esophagitis. It is an H2 blocker, which is typically used to reduce stomach acid. This patient is noted to be on Omeprazole and stopped his NSAIDS as they were not effectively controlling his pain based on the progress note dated 6/23/14. His abdominal exam was normal and there was no discussion of GI distress or heartburn. He was prescribed Zantac 2 days later in another office visit, but there was no rationale as to why this was done in the progress note provided. A patient is currently on Omeprazole and is not on NSAIDS and has no GI complaints, it is unclear what the rationale for adding an H2 blocker is at this time. Therefore, the request for Zantac 150 mg, #60 was not medically necessary.