

<b>Case Number:</b>	CM14-0163723		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

The applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of February 5, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 13, 2014, the claims administrator approved a request for Motrin while denying a request for Zantac. The applicant's attorney subsequently appealed. In an August 14, 2014 progress note, the applicant reported persistent complaints of low back pain, 7/10. The applicant was having difficulty performing household chores, it was acknowledged. The applicant's leg pain was exacerbated by bending, stooping, standing, and sitting. Naprosyn, Norco, lower extremity electrodiagnostic testing, and a pain management consultation were endorsed while the applicant was kept off of work, on total temporary disability. On August 28, 2014, the applicant was given prescriptions for Motrin and Zantac. The applicant was having ongoing complaints of low back pain, neck pain, and headaches, it was acknowledged. The applicant was again placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZANTAC 150MG #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 68.

**Decision rationale:** As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants at heightened risk for gastrointestinal events include those individuals who are using multiple NSAIDs. In this case, the applicant was given a prescription for Naprosyn on August 14, 2014 and a prescription for Motrin on August 28, 2014, implying that the applicant was, in fact, using multiple NSAIDs. Prophylactic usage of an H2 antagonist, Zantac, was therefore indicated in light of the fact that the applicant was, in fact, using multiple NSAIDs on and around the date in question. Therefore, the request was/is medically necessary.