

<b>Case Number:</b>	CM14-0175815		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 33-year-old male with a history of a work injury occurring on 11/05/12. He continues to be treated for low back pain radiating into the left lower extremity. Treatments have included chiropractic care, acupuncture, medications, and a left sacroiliac joint injection in October 2013 complicated by palpitations. He was seen by the requesting provider on 03/19/14. He had complaints of constipation and nausea with gastrointestinal pain. He was having burning in his stomach, throat, lips, and eyes. There was a pending gastroenterology evaluation. He was unable to take Advil or Aleve due to abnormal liver function. Pain was radiating from the mid back into the left lower extremity rated at 8/10. Physical examination findings included an antalgic gait with a cane. There was decreased lumbar spine range of motion and tenderness with muscle spasms. He had decreased left lower extremity strength and sensation with positive straight leg raising. There was tenderness over the facet joints with positive facet testing. Diagnoses included L5-S1 spondylolisthesis and an L4-5 disc herniation. Medications were Norco 5/325 mg, Elavil, omeprazole, lidocaine cream, and Docuprene. On 05/09/14 he was having abdominal pain and bloating. He had worsening symptoms of reflux with pharyngitis and halitosis noted since starting Naprosyn but with ongoing symptoms after discontinuing it. Physical examination findings included abdominal tenderness. Docuprene, amitriptyline, and omeprazole were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zantac 300mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant is more than 2 years status post work-related injury and continues to be treated for low back pain radiating into the left lower extremity. Medications being prescribed are Norco, Elavil, omeprazole, lidocaine cream, and Docuprene. He has ongoing and what appear to be progressive gastrointestinal symptoms and there is a pending gastroenterology evaluation. Guidelines recommend consideration of an H2-blocker such as Zantac for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant is no longer taking an NSAID medication. The claimant does not have any identified ongoing risk factors for a gastrointestinal event. He is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. Therefore the continued prescribing of Zantac is not medically necessary.