MAXIMUS Federal Services

Case Number:	CM14-0212850		
Date Assigned:	12/22/2014	Date of Injury:	11/30/2011
Decision Date:	02/27/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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 & Rehabn

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 patient is a 52 year-old male with an 11/30/2011date of injury. According to the 11/20/14 orthopedic report, the patient presents with neck and low back pain with intermittent radiculopathy. He has difficulty with ambulation and has right shoulder pain. He also has depression and anxiety. The diagnoses include: cervical strain, status post anterior discectomy and fusion; right shoulder impingement syndrome; status post bilateral ACL reconstruction, left knee with subsequent arthroscopic debridement; thoracolumbar strain; discogenic changes at L5/S1 and right lateral epicondylitis. The orthopedist refills the patient's tramadol 50mg bid; Motrin 600mg bid; and Zantac 150mg bid. The physician notes that the patient states that only Norco provided significant pain relief, and the physician requested pain management referral to take over medication management. The prior medical reports show the patient was using Norco for pain control and there is no discussion as to why or when this was changed to tramadol. The 6/4/14 report states the pain without medications is 8/10 and with medications it drops to 4-5/10. Six medical reports from 6/04/2014 through 11/20/2014 were provided for On 12/11/2014 utilization review denied the use of Zantac because the reviewer did not see documentation of gastritis; and pain management referral was denied because the reviewer opines that there is no need for pain management expertise in this situation. this review. Zantac was first mentioned in the medical reports on 10/23/14. There is no rationale provided for the Zantac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of dyspepsia secondary to NSAID therapy Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient has chronic back and neck pain. The physician recommended refills of Tramadol, Motrin and Zantac. There was no discussion of efficacy for Zantac and it was denied by Utilization Review. Zantac is an H2-receptor antagonist. MTUS Chronic Pain Medical Treatment Guidelines, pages 68-69 under NSAIDs, GI symptoms & cardiovascular risk, for Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI.The available reports did not discuss efficacy of Zantac, or describe dyspepsia secondary to NSAIDs, and there is no indication that the patient is at risk for a GI event, that would allow use of an H2-receptor antagonist on a prophylactic basis. The request is not in accordance with MTUS guidelines. The request for Zantac 150mg is not medically necessary.

Referral to a pain management specialist for evaluation and medication management: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition; Chapter 7 Independent medical examination and consultations, page 127.

Decision rationale: The patient has chronic back and neck pain. Norco helped reduce the pain levels by about 50%, but on 11/20/14, the physician recommended Tramadol instead of Norco. The patient told the physician that Norco worked the best for pain control, and the physician then recommended a referral for pain management to take over medication management. ACOEM Chapter 7 was not adopted into the MTUS guidelines, but would be the next highest review standard, as MTUS does not discuss consultations. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 states: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise.The available records did not discuss the physician's rationale for changing the patient's medication from Norco to Tramadol. It appears that the orthopedist wanted to try Tramadol instead of Norco, and when the patient explained that the Norco works the best, the physician recommended a pain management specialist take over medication management. The ACOEM guidelines state the occupational health practitioner may

refer to other specialists when the plan or course of care may benefit from additional expertise. The referral to a pain specialist to take over medication management appears to be in accordance with ACOEM guidelines. The request for referral to a pain management specialist for evaluation and medication management is medically necessary.