

Case Number:	CM14-0215603		
Date Assigned:	01/05/2015	Date of Injury:	04/19/1999
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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

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 60 year old male with an injury date on 4/19/99. The patient complains of unchanged lower back pain rated 7/10 on VAS scale per 12/1/14 report. The patient states that the low back pain is unchanged, with no new accidents/injuries per 11/3/14 report. The patient is currently not working per 11/3/14 report. Based on the 12/1/14 progress report provided by the treating physician, the diagnoses are: 1. L/S HNP/DDD 2. B LE radiculopathy A physical exam on 12/1/14 showed L-spine range of motion is limited with 40 degrees of flexion. Positive straight leg raise." The patient's treatment history includes medications, and home exercise program. The treating physician is requesting ranitidine 150mg #30. The utilization review determination being challenged is dated 12/1/14. The requesting physician provided treatment reports from 2/17/14 to 12/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Pain Chapter, Prilosec

Decision rationale: This patient presents with lower back pain. The provider has asked for Ranitidine 150MG #30 on 12/1/14. The patient is currently taking Ibuprofen per 12/1/14 report, which patient has been taking since 5/14/14. The patient began taking Ranitidine on 6/11/14 report but the provider does not provide documentation regarding why this medication is prescribed. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the patient has chronic back pain and is taking an NSAID. However, there is no documentation of any GI issues such as GERD, gastritis or PUD for which a histamine H2-receptor antagonist such as Ranitidine may be indicated. The provider does not explain why this histamine H2-receptor antagonist is being prescribed. No GI risk assessment is provided to determine a need for GI prophylaxis with a PPI either. Such as, Ranitidine 150mg # 30 is not medically necessary.