

<b>Case Number:</b>	CM14-0217102		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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:

This 34 year-old patient sustained an injury on 5/14/12 from being struck by a board dropped on his head while employed by [REDACTED]. Request(s) under consideration include Zantac gel-dose oral capsule 150 mg #60. Diagnoses included bilateral sciatica, chronic upper and lower back pain/ lumbar DDD, and post concussive syndrome with residual headaches and right-sided hearing loss. Conservative care has included medications, therapy modalities, cognitive rehabilitation, and modified activities/rest. The patient remained P&S as of 6/18/14 neuropsychologically. Medications list Neurontin, Zantac, Amitriptyline, Motrin, and Tramadol. The patient continues to treat for chronic ongoing symptom complaints of sciatica in the lower extremities. Report of 11/17/14 from the provider noted the patient with 20% improved sciatic pain and hot flashes without changed in clinical presentation of tenderness at paraspinal region, negative Spurling's, negative bilateral SLR, negative McMurray's with normal range of motion, intact DTR 2+, 5/5 motor strength, and decreased sensation at L4 and L5 dermatomes on right lower extremity along with C6 distribution on right upper extremity. It was advised that the patient try to decrease the Tramadol dose while Zantac was continued for gastric prophylaxis. The request(s) for Zantac gel-dose oral capsule 150 mg #60 was non-certified on 11/26/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zantac Gel-Dose Oral Capsule 150 Milligrams Twice Daily, Qty 60 with 1 Refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Zantac medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Zantac namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication for this 34 year-old patient without risk factors. Zantac Gel-Dose Oral Capsule 150 Milligrams Twice Daily, Qty 60 with 1 Refill is not medically necessary and appropriate.