

<b>Case Number:</b>	CM15-0016711		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	11/14/2001
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: North Carolina  
Certification(s)/Specialty: Family Practice

### 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 39 year old female sustained an industrial injury on 11/14/01. She subsequently reports chronic back left lower extremity and left arm pain. The injured worker has undergone multiple left lower extremity surgeries and had nerve blocks. Medications include Celebrex and Percocet. The UR decision dated 1/6/15 non-certified Ranitidine 300MG. The Ranitidine 300MG was denied based on CA MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ranitidine 300mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation physician desk reference

**Decision rationale:** The California MTUS, ODDG and ACOEM do not specifically address the requested medication. Per the Physician Desk Reference, the medication is used in the treatment of gastrointestinal reflux, gastritis and dyspepsia. The patient does not have the diagnosis of

gastrointestinal disease nor is there mention of gastrointestinal complaints. Therefore the continued use of this medication is not warranted by the provided clinical documentation for review.