

<b>Case Number:</b>	CM15-0017716		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	04/27/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/20/2015
<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: California, Hawaii  
 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 injured worker is a 46 year old female with an industrial injury dated April 27, 2014. The injured worker diagnoses include traumatic left ankle sprain/strain with tear of the anterolateral ligament, ganglion cysts and peroneus tendon splitting. The injured worker underwent a left ankle excision of lipoma and repair of the lateral collateral ligaments on September 17, 2014. She has also been treated with radiographic imaging, diagnostic studies, prescribed medication, physical therapy and periodic follow up visits. According to the progress note dated 12/31/14, the injured worker reported continued pain and difficulty with prolonged standing and walking on uneven surfaces. Objective findings revealed a well healed surgical scar over the left ankle. Documentation noted tenderness to palpitation, induration, and decrease range of motion. The treating physician prescribed Zantac 150mg #60 and Motrin 600mg #60 now under review. Utilization Review determination on January 20, 2015 denied the request for Zantac 150mg #60 and Motrin 600mg #60, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zantac 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67, 68, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 67-73.

**Decision rationale:** The patient presents with ankle pain. The current request is for Zantac 150 mg #60. The treating physician states, "The patient continues to complain of pain and has difficulty with prolonged standing and with walking on uneven surfaces." (B.16) There is no further discussion of medications in the report dated 12/31/14. The MTUS Guidelines state, "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 does not have dyspepsia with NSAID usage. In reviewing the documentation provided, there is no indication that the patient reported any GI complaints. The current request is not medically necessary and the recommendation is for denial.

**Motrin 600mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms Page(s): 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** The patient presents with ankle pain. The current request is for Motrin 600 mg #60. The treating physician states, "The patient continues to complain of pain and has difficulty with prolonged standing and with walking on uneven surfaces." (B.16) There is no further discussion of medications in the report dated 12/31/14. The MTUS guidelines support NSAID usage for the treatment of osteoarthritis. In this case, there is no record of pain levels or functional improvement from prior Motrin usage as required by the MTUS Guidelines on pg 60. The current request is not medically necessary and the recommendation is for denial.