

Case Number:	CM15-0019529		
Date Assigned:	02/09/2015	Date of Injury:	08/28/2014
Decision Date:	03/25/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/02/2015

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: Arizona, California
 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:

The injured worker is a 48 year old male who sustained a work related injury on August 28, 2014, when he stepped off a scaffold four feet high and twisted his left ankle and sprained his left knee. He was diagnosed with left knee traumatic internal derangement and a medical meniscus tear, traumatic chondromalacia of the left patella and traumatic synovitis of the left knee joint. Treatment included rest, physical therapy and medications. Currently, on February 5, 2015, the injured worker complained of continuing left knee pain, difficulty with prolonged standing, sitting, repetitive bending, stooping or ascending or descending stairs. Magnetic Resonance Imaging (MRI) revealed the ACL is scarred and consistent with a chronic tear. On February 9, 2015, a request for a prescription of 60 tablets of Zantac 150mg between January 14, 2015 and February 28, 2015, was non-certified by Utilization Review, noting California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment 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, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: Zantac is an H2 Blocker use for peptic ulcers and reflux. Although the MTUS guidelines do not make a statement on H2 blockers it does make a statement on proton pump inhibitors which are used similarly for high risk GI patients using NSAID and it states the following: A proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. In this case, there is no evidence of prior GI events, the continued use of Zantc is not medically necessary.