

Case Number:	CM15-0110785		
Date Assigned:	06/17/2015	Date of Injury:	10/21/1998
Decision Date:	12/03/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/09/2015

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, Texas

Certification(s)/Specialty: Internal Medicine

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 72 year old male, who sustained an industrial injury on 10-21-1998. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, atrial fibrillation, congestive heart failure, chest pains, gastroesophageal reflux disease (GERD), and sick sinus syndrome. Medical records (12-22-2015 to 03-25-2015) indicate ongoing left hip and knee pain. Pain levels were rated 0 out of 10 in severity on a visual analog scale (VAS). Activity levels and level of functioning were not specifically addressed. Per the treating physician's progress report (PR), the IW has not returned to work as he is retired and deemed permanent and stationary. The physical exam, dated 02-23-2015-2015, revealed complaints of chest pain, jaw pain and associated nausea. Relevant treatments have included: diagnostic testing, work restrictions, and medications (Nexium and Zantac for several months). The request for authorization was not available for review; however, the utilization review states that the following medications were requested on 05-11-2015: ranitidine 300mg #30, and Nexium 40mg #30. The original utilization review (05-22-2015) non-certified the request for ranitidine (Zantac) 300mg #30, and Nexium 40mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Ranitidine drug information.

Decision rationale: The MTUS is silent regarding the use of Ranitidine. According to UptoDate.com, ranitidine is used in the treatment of hypersecretory syndromes, GERD, peptic ulcer disease and erosive esophagitis and heartburn. In this case the patient has a diagnosis of GERD and has been taking ranitidine for this. The most recent documentation does not support ongoing symptoms associated with GERD or any risk factors for complications associated with NSAID use. The ongoing use of zantac, ranitidine, is not medically necessary.

Nexium 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient is 72year old but does not have any other risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, Nexium is not medically necessary.