

Case Number:	CM15-0120792		
Date Assigned:	07/01/2015	Date of Injury:	06/14/2000
Decision Date:	09/01/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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 70 year old female who sustained an industrial injury on 6/14/00. The injured worker was diagnosed as having lumbago. Currently, the injured worker was with complaints of back pain. Previous treatments included home exercise program, nonsteroidal anti-inflammatory drugs (NSAIDS) and Zantac. Previous diagnostic studies were not included in documentation provided. The injured workers pain level was noted as 3-4/10. Physical examination was notable for pain on palpation of L5-S1 and decreased lumbar flexion and extension. The plan of care was for Zantac 150 milligrams quantity of 60 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150 mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 68.

Decision rationale: The request is for Zantac 150 milligrams quantity of 60 with 5 refills. The injured worker was with complaints of lumbar back pain. CA MTUS recommendations state that risk assessment should be made for gastrointestinal events prior to prescribing H2-blockers such as Zantac. Provider documentation is without mention of gastrointestinal events. Upon physical examination, there was no documentation of gastrointestinal events, or indication for the prescribing of Zantac as well as insufficient documentation provided to show the effectiveness and the occurrence or nonoccurrence of side effects the injured worker had with the use of Zantac 150 milligrams. As such, the request for Zantac 150 milligrams quantity of 60 with 5 refills is not medically necessary.