

Case Number:	CM15-0149768		
Date Assigned:	08/14/2015	Date of Injury:	07/11/2012
Decision Date:	10/07/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	08/03/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 35 year old male who sustained an industrial injury on July 11, 2012. The accident was described as while working he fell from a ladder with resulting injury. He is employed as plumber. A recent primary treating office visit dated July 06, 2015 reported subjective complaint of black floaters, which have worsened since the accident. The worker noted diagnosed with vitreous floaters. The plan of care note follow up with retinal specialist. A follow up date July 01, 2015 reported subjective complaint of intermittent moderate to severe bilateral wrist pain with difficulty bending. He also reports a loss of bladder control and leakage of urine. The following diagnoses were applied: work related fall from ladder; facial trauma with nasal laceration and fracture by history; post-traumatic headaches; cervical spine strain and sprain with radicular complaints; right distal radius ulnar fracture; left distal radius fracture; lumbar spine strain and sprain with radicular complaints, and rule out inflammatory sacroilitis. The plan of care noted consultation with extremity surgeon regarding bilateral wrists; urologic consultation regarding incontinence, and return for follow up visit. The work will remain permanent and stationary. At a follow up dated June 29, 2015, medications showed all NSAIDS stopped and Zantac 300mg every evening by mouth noted prescribed treating gastritis caused by medications. The treating diagnoses were: psychiatric diathesis and status post infection; lumbar spine and cervical spine strain and sprain with distal radius pain, and gastritis secondary to anti-inflammatory medications. At a primary treating follow up dated October 10, 2014 there was subjective complaint of bilateral hands and wrists with increased pain intensity and continued

low back pain with lower extremity weakness. The following treating diagnosis noted added: rule out inflammatory sacroilitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 30mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Ranitidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. In this case, the patient has a history of gastrointestinal upset/bleed with use of NSAIDs. While Ranitidine is not a first-line treatment, given the history of this patient's GI concerns, a treatment with Zantac may be reasonable. Therefore, the request for Zantac is medically necessary, with plan for close follow up and assessment of GI concerns.