

<b>Case Number:</b>	CM15-0166371		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	06/19/2002
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Texas, New York, California  
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain, ankle pain, leg pain, shoulder pain, knee pain, and depression reportedly associated with an industrial injury of June 19, 2002. In a Utilization Review report dated August 14, 2015, the claims administrator failed to approve a request for ranitidine (Zantac) while approving a followup office visit and conditionally denying Tenormin and Isosorbide dinitrate. The claims administrator referenced an RFA form received on August 3, 2015 in its determination, along with an associated office visit of July 2, 2015. On July 2, 2015, the applicant reported ongoing complaints of low back pain. The applicant was not working, it was acknowledged. The applicant had issues with persistent dyspepsia which was reportedly relieved through usage of Prevacid and ranitidine. The applicant also had issues with anxiety, it was acknowledged. The applicant's medications included Norco, Klonopin, Isosorbide, Prevacid, Zantac, Voltaren gel, Tenormin, Metamucil, and dietary supplements.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ranitidine 300 mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors.

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

**Decision rationale:** Yes, the request for ranitidine (Zantac), an H2 antagonist, was medically necessary, medically appropriate, and indicated here. As noted on page 59 of the MTUS Chronic Pain Medical Treatment Guidelines, H2 antagonists such as ranitidine (Zantac) are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia reportedly present here. The attending provider stated on July 2, 2015 that ongoing usage of ranitidine (Zantac) had effectively attenuated the applicant's symptoms of dyspepsia. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.