

Case Number:	CM15-0175740		
Date Assigned:	09/17/2015	Date of Injury:	11/14/2001
Decision Date:	10/19/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 40 year old female who sustained an industrial injury on 11-14-01. Diagnoses include chronic pain; fibromyalgia; reflex sympathetic dystrophy; total left knee replacement. Currently (7-20-15) she reports no change in her pain condition with her left leg with pain levels remaining 10 out of 10 without medications and 7 out of 10 with medications. On 2-3-15, 5-15-15 and 5-19-15 she has been to the emergency department for withdrawal symptoms. She has a drug screen 2-20-15 which was inconsistent with prescribed medications. She ambulates with a walker. The injured worker has been on ranitidine and Nexium because of being on Celebrex and rheumatology sees no added benefit from taking Celebrex, per the 8-17-12 note. Treatments to date include medications: MS Contin, Ambien, Percocet, Seroquel, clonazepam, docusate, doxepin, Cymbalta, Celebrex, ranitidine, Senna, Lyrica, naproxen, Prilosec; physical therapy. The request for authorization dated 6-22-16 indicated ranitidine 300mg #60. On 8-14-15 utilization review evaluated and non-certified the request for ranitidine 300mg #60 based on the fact that the injured worker does have a diagnosis of gastroesophageal reflux disease and is on Nexium and Prilosec. There was no indication as to why she would require three H2 receptor antagonists and they are all available over the counter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 300 mg Qty 60: 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 www.drugs.com/zantac.

Decision rationale: This 40 year old female has complained of knee pain since date of injury 11/14/2001. She has been treated with surgery, physical therapy and medications. The current request is for Zantac. Zantac is a medication used to treat symptoms of heartburn and gastroesophageal reflux related disease. There is inadequate documentation in the available medical records of medical rationale regarding the necessity use of this medication. On the basis of the above cited medical treatment guideline and the available provider documentation, Zantac is not medically necessary in this patient.