

<b>Case Number:</b>	CM15-0024529		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	10/24/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 65 year old female, who sustained an industrial injury on 10/24/2012. She has reported injury to the low back. The diagnoses have included musculoligamentous strain of the lumbar spine; bilateral radiculitis, more on the right than the left lower extremity; herniated discogenic disease, multi-level, at L2-3, L3-4, L4-5 levels; and desiccation of disc at L4-5 with synovial cyst formation. Treatment to date has included medications, diagnostics, heating pad, epidural steroid injection, and home exercises program. Medications have included Tramadol, Flexeril, Motrin, Tylenol, and Zantac. A progress note from the treating physician, dated 12/22/2014, documented a follow-up visit with the injured worker. The injured worker reported an acute flare-up of pain in the lumbar spine along with intermittent radicular pain; she cannot do heavy lifting, repetitive bending, and stooping activities; and has been walking with the help of a cane. Objective findings included significant tenderness in the paravertebral muscles of the lumbar spine; spasms and guarding in the lumbar spine; tenderness to palpation over the sacroiliac joint region, and over the right sciatic notch region; positive straight leg raise with hamstring spasms; and neurological examination remains unchanged. The treatment plan has included the request for Zantac 150 mg #50 x 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zantac 150mg #50 x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

**Decision rationale:** According to MTUS guidelines, Zantac is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. In addition there is no documentation of recent use of NSAI drugs. Therefore, Zantac 150mg #50 with 2 refills prescription is not medically necessary.