

Case Number:	CM15-0060367		
Date Assigned:	04/06/2015	Date of Injury:	06/24/2008
Decision Date:	05/18/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old female, who sustained an industrial injury on June 24, 2008. She reported progressively worsening bilateral wrist pain. The injured worker was diagnosed as having intractable bilateral wrist pain. Treatment to date has included diagnostic studies, stellate ganglion blocks, conservative care, medications and work restrictions. Currently, the injured worker complains of intractable bilateral wrist pain. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on August 6, 2014, revealed continued pain. She required continued use of medications. Ranitidine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Ranitidine medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Zantac namely reserved for patients with history of prior GI bleeding, diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Ranitidine 150mg #60 is not medically necessary and appropriate.