

<b>Case Number:</b>	CM15-0062243		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	04/28/2003
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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 58-year-old who has filed a claim for chronic neck, low back, elbow, wrist, and upper extremity pain reportedly associated with an industrial injury of April 28, 2003. In a Utilization Review report dated March 13, 2015, the claims administrator failed to approve a request for Zantac. The claims administrator referenced an RFA form received on March 5, 2015, in his determination. The applicant's attorney subsequently appealed. In a progress note dated December 10, 2014, the attending provider suggested that the applicant employ Zantac for breakthrough dyspepsia not entirely rectified following introduction of Protonix. In a RFA form dated March 2, 2015, Zorvolex, Nexium, and Zantac were all endorsed. In a March 2, 2015 progress note, it was acknowledged that the applicant was having ongoing issues with ibuprofen-induced dyspepsia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zantac 300mg #60:** Overturned

**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 & cardiovascular risk Page(s): 69.

**Decision rationale:** Yes, request for 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 Zantac are indicated in the treatment of NSAID-induced dyspepsia, as was present here. The applicant had reported ongoing issues with ibuprofen-induced dyspepsia, not entirely controlled following the introduction of Protonix. Introduction, selection, and/or ongoing usage of Zantac (ranitidine) an H2 antagonist, thus, were indicated to combat the same. Therefore, the request is medically necessary.