

<b>Case Number:</b>	CM15-0092333		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	06/08/2000
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This 49 year old male sustained an industrial injury to the low back on 6/8/00. Documentation indicated that recent treatment included medications and home exercise. In a PR-2 dated 4/15/15, the injured worker complained of low back pain with radiation to the left lower extremity and foot. The injured worker rated his pain 7/10 on the visual analog scale with medications and 9/10 without. The injured worker was working. Current medications included Motrin and Zantac. The injured worker reported that he was taking Zantac once a day for stomach upset. The injured worker had been taking Ibuprofen but it had been discontinued due to abnormal lab results. Physical exam was remarkable for tenderness to palpation to the lumbar spine and bilateral lumbar spine paraspinal musculature with spasms, decreased range of motion and negative bilateral straight leg raise. Current diagnoses included lumbar spine spondylosis at L5- S1. The treatment plan included a prescription for Motrin, Zantac, and continuing home exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zantac 300mg #30 with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601106.html>.

**Decision rationale:** Pursuant to Medline plus, Zantac (ranitidine) 300 mg #30 with 1 refill her is not medically necessary. Ranitidine is an H2 receptor blocker used to treat ulcers, gastroesophageal reflux disease, dyspepsia, and the condition where the stomach produces too much acid called Zollinger Ellison syndrome. For additional details, see the attached link. In this case, the injured worker's working diagnosis is spondylosis L5 - S1. The injured worker complains of low back pain. The earliest progress note in the medical record is dated July 2, 2014. The injured worker was taking Motrin and Zantac. There are no gastrointestinal risk factors or complaints documented in the medical record. Specifically, there was no history of dyspepsia, peptic ulcer disease or G.I. bleeding. The date of injury is June 8, 2000. The Zantac start date is unclear based on the available medical record documentation. The most recent progress note dated January 6, 2015 shows the injured worker is still taking Zantac 300 mg. An appeal letter dated April 14, 2015 states the injured worker was prescribed Zantac for an upset stomach. Consequently, absent clinical documentation with a clinical indication and rationale for ongoing Zantac 300 mg in the absence of risk factors or co-morbid conditions (gastrointestinal events), Zantac (ranitidine) 300 mg #30 with 1 refill is not medically necessary.