

Case Number:	CM14-0104754		
Date Assigned:	07/30/2014	Date of Injury:	10/29/1993
Decision Date:	09/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62-year-old male who reported an injury on 10/09/1993. The mechanism of injury was not provided within the medical records. The clinical note dated 07/31/2014 indicated diagnoses of elbow pain and extremity pain. The injured worker reported left shoulder pain that had increased. The injured worker reported his quality of sleep was poor and activity level had decreased. On physical examination, the injured worker's examination was unchanged from the previous visit. The injured worker's treatment plan included referral to orthopedic surgeon. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Oxycontin, Pepcid, and atenolol. The provider submitted a request for Pepcid. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pepcid 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI RISKS AND CARDIOVASCULAR RISKS.

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

Decision rationale: The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of Non-Steroid Anti-Inflammatory Drugs (NSAIDs) and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (Proton Pump Inhibitor) (> 1 year) which has been shown to increase the risk of hip fracture. There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, there is lack of a quantified pain assessment done by the injured worker. Additionally, the documentation submitted did not indicate the injured worker had gastrointestinal bleeding, peptic ulcers, or perforations. Therefore, the request of Pepcid 20mg #30 is not medically necessary and appropriate.