

Case Number:	CM14-0010317		
Date Assigned:	02/21/2014	Date of Injury:	11/22/2011
Decision Date:	07/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine 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 patient is a 59-year-old male who has submitted a claim for degeneration of lumbar intervertebral disc and thoracic or lumbosacral neuritis or radiculitis associated with an industrial injury date of November 22, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of mid-back and low back pain that radiates down the posterior aspect of the right leg. Physical examination revealed a palpable reducible right inguinal hernia. In addition, the lumbar spine range of motion was decreased and multiple trigger points were present. Treatment to date has included physical therapy, epidural injection and medications, which include Valium 5mg, Norco 10/325mg, Ibuprofen 600mg, Ambien 12.5mg, and Famotidine 20mg. A utilization review from January 6, 2014 denied the request for Famotidine 20mg tabs, #30, no refills because the medical records did not establish subjective complaints, objective findings or diagnosis to indicate the need for histamine receptor antagonists.

IMR ISSUES, DECISIONS AND RATIONALES

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

FAMOTIDINE 20 MG TABS, # 30, NO REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Famotidine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAID GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation x Other Medical Treatment Guideline or Medical Evidence: FDA (Famotidine).

Decision rationale: CA MTUS and ODG do not specifically address this topic. The FDA states that Famotidine is an H2-receptor antagonist indicated in the treatment of active gastric or duodenal ulcers, or for endoscopically diagnosed erosive esophagitis. It is prescribed to limit adverse gastrointestinal side effects. Patients at intermediate risk for GI events are recommended to have proton pump inhibitors. As stated on page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors, which include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAIDs. H2-receptor antagonists or a PPI may be considered for patients with dyspepsia secondary to NSAID therapy. In this case, review of records provided indicate that the patient has not yet been on Famotidine. A progress report dated 8/15/13 indicated that the patient had GI distress however a more recent progress report dated 12/16/13 indicated that the patient did not have any significant medical illness. Examination of the abdomen was likewise unremarkable. There is no clear indication for providing famotidine since there were no documented gastrointestinal risk factors. Records provided also did not show any evidence that the patient has been diagnosed with active gastric or duodenal ulcers or erosive esophagitis. There were no subjective complaints or objective findings pertaining to the gastrointestinal system that would necessitate this medication. Therefore, the request for Famotidine 20mg Tabs, #30, No Refills is not medically necessary.