

Case Number:	CM14-0014227		
Date Assigned:	02/26/2014	Date of Injury:	05/01/2009
Decision Date:	07/24/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/04/2014

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 46-year-old female who has submitted a claim for sprain of lumbar region, lumbago, and depressive disorder; associated with an industrial injury date of 05/01/2009. Medical records from 06/04/2013 to 01/21/2014 were reviewed and showed that patient complained of persistence of gastrointestinal symptoms despite omeprazole and famotidine. Lyrica has reduced the severity of leg pain. ADLs continue to fluctuate despite home exercise program, but she is able to vacuum with her right upper extremity. Physical examination showed that patient had normal gait. Tenderness was noted over the thoracolumbar junction, lumbosacral junction, and bilateral sacroiliac joints. Muscle spasms were increased with hyperextension of the lumbar spine. Range of motion was limited by pain. DTRs were decreased in the quadriceps and triceps surae. Weakness was noted in the right knee extensors and ankle dorsiflexors. Sensation was intact. Treatment to date has included medications, physical therapy, acupuncture, and TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

FAMOTIDINE 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: Famotidine is an H₂-receptor antagonist prescribed to limit adverse gastrointestinal side effects. As stated on page 68 of Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients who are at intermediate risk for gastrointestinal events with no cardiovascular disease are recommended to have non-selective NSAID and PPI. In this case, the patient has been prescribed famotidine since at least 01/21/2014. A progress report dated 01/21/2014 states that gastrointestinal symptoms persist despite treatment with omeprazole and famotidine. However, further elaboration of the patient's gastrointestinal symptoms was not provided. Moreover, medical records submitted for review failed to show evidence of risk factors for an MTUS-defined gastrointestinal event. Therefore, the request for famotidine 20mg #60 is not medically necessary.

PENNSAID SOLUTION 1.5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112-113.

Decision rationale: As stated on pages 112 to 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. Meta-analysis shows that topical NSAIDs are superior to placebo during the first 2 weeks of treatment, but effects diminish thereafter. In this case, the patient has been prescribed Pennsaid solution since at least October 2013, and the patient reports increased function of the right thumb. However, guidelines do not support its long term use. Furthermore, the medical records submitted do not show evidence of intolerance to oral diclofenac. Lastly, the present request as submitted failed to specify the number to be dispensed. Therefore, the request for Pennsaid solution 1.5% is not medically necessary.