

Case Number:	CM14-0135911		
Date Assigned:	09/03/2014	Date of Injury:	10/16/1997
Decision Date:	10/02/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/22/2014

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 Emergency Medicine and is licensed to practice in New York. 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 77-year-old male who was injured on October 16, 1997. The patient had history of atherosclerotic heart disease, hypertension, hyperlipidemia, and cancer of the tongue. Physical examination was notable for clear lungs, normal heart sounds and blood pressure of 90/60. Diagnoses included atherosclerotic heart disease, hyperlipidemia, implanted ICD, persistent hypotension, and cancer of the tongue. Treatment included medications and feeding tube. Requests for authorization for retrospective use of Cimetidine 400 mg # 60 and Cimetidine 400 mg # 60 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cimetidine 400mg #60 (DOS 7/16/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/mtm/cimetidine.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Treatment Guidelines from The Medical Letter - April 1, 2014 (Issue 140): Drugs for Peptic Ulcer Disease and GERD

Decision rationale: Cimetidine is an H₂-receptor antagonist. These drugs inhibit the action of histamine at the H₂-receptor of the gastric parietal cell, decreasing basal acid secretion and, to a lesser degree, food-stimulated acid secretion. All H₂RAs are about equally effective for treatment of PUD and GERD. H₂RAs are faster acting than PPIs in relieving symptoms of dyspepsia or GERD, but they are not as effective as PPIs in relieving symptoms or in healing erosive esophagitis.² Repeated administration of H₂RAs leads to pharmacologic tolerance and has been associated with the development of new dyspeptic symptoms. Rebound acid hypersecretion can occur after stopping H₂RAs. In this case, the medical necessity for H₂-receptor antagonist is not supported by the documentation in the medical record. There is no documentation of peptic ulcer disease or gastroesophageal reflux disease. Therefore, this request is not medically necessary.

Cimetidine 400mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/mtm/cimetidine.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Treatment Guidelines from The Medical Letter - April 1, 2014 (Issue 140): Drugs for Peptic Ulcer Disease and GERD

Decision rationale: Cimetidine is an H₂-receptor antagonist. These drugs inhibit the action of histamine at the H₂-receptor of the gastric parietal cell, decreasing basal acid secretion and, to a lesser degree, food-stimulated acid secretion. All H₂RAs are about equally effective for treatment of PUD and GERD. H₂RAs are faster acting than PPIs in relieving symptoms of dyspepsia or GERD, but they are not as effective as PPIs in relieving symptoms or in healing erosive esophagitis.² Repeated administration of H₂RAs leads to pharmacologic tolerance and has been associated with the development of new dyspeptic symptoms. Rebound acid hypersecretion can occur after stopping H₂RAs. In this case, the medical necessity for H₂-receptor antagonist is not supported by the documentation in the medical record. There is no documentation of peptic ulcer disease or gastroesophageal reflux disease. Therefore, this request is not medically necessary.