

Case Number:	CM14-0162929		
Date Assigned:	10/08/2014	Date of Injury:	12/03/2013
Decision Date:	11/10/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/03/2014

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:

Patient is a 39 year-old male with date of injury 12/03/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/25/2014, lists subjective complaints as pain in the neck, right elbow, and right knee. Objective findings: Cervical Spine: Tenderness to palpation was noted. Full extension and limited flexion due to pain. Neurovascular status was intact distally. Right Elbow: Tenderness to palpation was noted. Full extension, limited flexion, full supination, limited pronation. Neurovascular status was intact distally. Muscle strength was 4/5. Right Knee: Tenderness to palpation over the medial joint line as well as over the anterior compartment. Limited extension and flexion due to pain. Neurovascular status was intact distally. Muscle strength was 4/5. Diagnosis: 1. Cervical spine strain/sprain 2. Right elbow contusion by history 3. Grade 3 tears of the posterior horn of the medial meniscus as well as thinning and splaying of the anterior cruciate ligament. The medical records supplied for review document that the patient was first prescribed the following medication on 08/25/2014. Medications: 1. Pepcid 20mg, #60 SIG: 1 tab po two times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pepcid 20mg qty: 60, 1 tab po 2 times a day as needed for the management of symptoms related to cervical spine, right elbow and right knee injury (unspecific days supply):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine)ACOEM-
[https://www.acoempracguides.org/Hand & Wrist Disorders](https://www.acoempracguides.org/Hand%20&%20Wrist%20Disorders)Goodman and Gilman's The
Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010.Physician's desk
Reference, 68th ed. [www. RXList.com](http://www.RXList.com)

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Pepcid. Pepcid 20mg qty: 60, 1 tab po 2 times a day as needed for the management of symptoms related to cervical spine, right elbow and right knee injury (unspecific days supply) is not medically necessary.