

<b>Case Number:</b>	CM14-0024900		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 60-year-old male who reported an injury on 05/18/2012. The mechanism of injury was while lifting a heavy trash bin. Within the clinical note dated 02/18/2014 reported the injured worker complained of low back pain. He complained of bilateral leg pain with numbness and weakness. The previous conservative treatments have included anti-inflammatory medication, physical therapy, chiropractic treatment, and acupuncture. The injured worker has undergone a spinal surgery microdiscectomy at L5-S1 in 2007. The injured worker described his pain as aching, stabbing, and numbness. Upon the physical examination, the provider indicated the injured worker had difficulty with moving his left leg due to neuropathic pain. The documentation showed pain with palpation at the L4-5 and L5-S1 area. The provider indicated the injured worker had limited range of motion secondary to pain. Motor strength was 5/5 proximally and distally bilaterally. Deep tendon reflexes were noted to be 2+ and equal bilaterally, knees and ankles. The injured worker had a negative straight leg raise bilaterally. The provider requested famotidine for GI production, and Butrans patch for pain control. The Request for Authorization was provided and submitted on 02/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FAMOTIDINE 20MG, #60 WITH 3 REFILLS:** 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, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for Famotidine 20 mg #60 with 3 refills is not medically necessary. The injured worker complained of back pain and leg pain, and bilateral lower extremity pain. He describes the pain as aching, stabbing, and numbness. The California MTUS Guidelines note Pepcid is recommended for injured workers who are at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, Pepcid is not indicated when taking NSAIDs. The treatment of dyspepsia from NSAIDs usage includes stopping NSAIDs, switching to a different NSAID, or adding an H2 receptor antagonist or PPI. There is lack of documentation indicating the injured worker is at risk for gastrointestinal events. Additionally, there is lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. The request submitted failed to provide the frequency of the medication. Therefore, the request for Famotidine 20 mg #60 with 3 refills is not medically necessary.

**BUTRANS PATCH 10MCG, #6 WITH 3 REFILLS:** 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 Buprenorphine Page(s): 27-28.

**Decision rationale:** The request for Butrans patch 10 mcg #6 with 3 refills is not medically necessary. The injured worker complained of back pain and leg pain, and bilateral lower extremity pain. He describes the pain as aching, stabbing, and numbness. The California MTUS guidelines recommend Butrans Patch for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. There is lack of documentation indicating the injured worker is treated for opiate addiction. There is a lack of clinical documentation indicating the injured worker to have chronic pain after detoxification from opiate addiction. Therefore, the request for Butrans patch 10 mcg, #6 with 3 refills is not medically necessary.