

<b>Case Number:</b>	CM14-0039753		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Family Medicine and is licensed to practice in . 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:

This is a 32 year old male who reported an industrial injury to the back on 4/22/2013, 17 months ago attributed to the performance of his customary job tasks. The patient complained of lower back pain radiating to the BLEs. The objective findings on examination included decreased lumbar spine range of motion; positive heel and toe walks. The patient was reported to have GERD due to the use of NSAIDs. The diagnosis was lumbar spine sprain/strain and lumbar spine radiculopathy. The medical records did not support ongoing GERD as a result of the prescribed NSAID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Famotidine 20mg #30 with 2 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 anti-inflammatory medications Page(s): 22, 67-68.

**Decision rationale:** The treating physician has prescribed Pepcid/Famotidine 20 mg #30 with two refills automatically based on the diagnosis of GERD allegedly due to prescribed NSAIDs. Pepcid (Famotidine) 20 mg is prescribed for GERD or stomach discomfort when NSAIDs are

being prescribed; however, there is no objective evidence that the H2 inhibitor is as effective at protecting the mucosal layer of the stomach as the recommended proton pump inhibitors. Generally, the proton pump inhibitors are prescribed to protect the stomach lining from the chemical effects of NSAIDs. There are prescribed NSAIDs in the current medical documentation; however, there is no objective evidence provided that the prescribed NSAIDs have caused GI upset due to the erosion of the GI mucosa. The protection of the stomach lining from NSAIDs is appropriately provided with the proton pump inhibitors, such as Omeprazole. There are no documented GI issues with the prescribed Medications and the H2 blocker is prescribed prophylactically. There is no demonstrated medical necessity for 20 mg q day. There is no objective evidence that the reported GERD is due to prescribed medications or is an effect of the industrial injury. The provided medical records do not support the medical necessity of the prescribed H2 blocker, Famotidine 20 mg #30 with 2 refills for the reported symptoms of acid reflux, therefore the request is not medically necessary.